Management of
Community-Based
Family Planning Programmes

Manual for Trainers

ACKNOWLEDGEMENTS

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**MANAGEMENT OF COMMUNITY-BASED FAMILY PLANNING PROGRAMMES:
MANUAL FOR TRAINERS**

TABLE OF CONTENTS

GROUP DYNAMICS

TRAINER'S GUIDE

TIME: ONE SESSION   **TOTAL ONE AND ONE HALF HOURS**

This session should be presented on the first day of the course and immediately before the formation of committees, election of group leader, etc.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1.   Function effectively as group and team members
     • Define a group
     • Identify factors that influence group behavior
     • Describe 4 stages of group formation
     • Give at least 4 reasons why people need to work in groups
     • Describe characteristics of an effective group
     • Describe factors that influence performance of a group task
     • Describe the role of interpersonal communication in group work

2.   Describe the implications of group dynamics during the course and for management in general in terms of:
     • Carrying out group work
     • Group size
     • Interpersonal relations
     • Individual and group problem solving
     • Differences among people (professional, values, etc)
     • Working as departments in organizations
     • Conduct in meetings
     • Special task forces

READING MATERIAL:

"Aspects of Group Dynamics"

AUDIO-VISUALS:

Prepare the transparencies found at the back of the module.
"The Team/Group Development Wheel"
"Group Identity Poster"
"Course Committee Functions"
"Guidelines and Procedures for Group Work"

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OVERVIEW OF THE SESSION:

1. Selected Aspects Of Group Dynamics. (See lecture for detailed notes)

     i.   Define Group Dynamics
     ii.   When and why work in groups?
     iii.   Characteristics of an effective group
     iv.   Different roles in groups
     v.   Types of communication
            • The five "c"s
     vi.   Barriers to communication
            • The non-listener
            • The know-it-all
            • The impatient type
            • The negative personality
     vii.   Perception

2. Performing A Task In A Group: Formation Of Committee

     i.   Discuss the following points:
          • Group Organization
          • Involvement
          • Creativity
          • Conflict
          • Closing: Review/Evaluation

    ii. Organization Working Committees: Participants Form Groups And Complete "Group Identity Poster Format."
          • Social Committee
          • Maintenance Committee
          • Media Committee
          • Participant Course Leader
          • Committee Chairmen/women

    iii. Participants Present Results Of Group Identity Formation Assignment

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1.   **SELECTED ASPECTS OF GROUP DYNAMICS AND**

INTERPERSONAL COMMUNICATION

Lecture Guide

I. <u>Define group dynamic</u>

<u>A Group:</u>   is defined as a formation of two or more people coming together for a common goal or purpose.

<u>Dynamics:</u>   these are forces which influence the direction, position, decisions of a given group with respect to a given task or piece of work. In management situations there are certain times when people have to work in groups. The following are examples:

- Staff meetings
- Committees
- Community mobilization activities
- Training activities etc.

II. <u>Why Work in Groups?</u>

The argument for working in groups is that two heads are better than one. Members of the group are able to share ideas and experiences. Group work also helps in utilization of resources.

- Group work enhances the speed of solving problems.

- It offers social satisfaction

- Stimulates one's effort

- Efficiency

- Brings about job satisfaction

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III. Characteristics of an Effective Group

- Leadership -- the more effective leadership is, the higher the chances of achieving the intended goals. Members must work for a common purpose or goal.

- Commitment -- members must work for a common purpose or goal.

- Working Atmosphere -- working atmosphere must be conducive to accomplishing tasks.

- Resources -- must be available so as to enable the group to attain its goals.

- Talents -- should be well utilized.

- Team Work -- the group should be able to function as a unit.

IV. Different Roles in Groups: There are two major roles namely;

- Task roles
- Maintenance roles

Task roles performed by given members will lead to solving a given problem.

Maintenance roles are roles that balance the dynamics, i.e. Harmonizing, encouraging etc.

V. <u>Types of Communication:</u> Communication can be accomplished through mass media or through interpersonal communication. **Mass media** is a single source of reaching many receivers. Examples of mass media are newspapers, radios, T.V. etc. Whereas **interpersonal** communication is face to face communication.

Effective communication is:

> **!** **C**lear
>
> **!** **C**oncise
>
> **!** **C**onvincing
>
> **!** **C**omplete
>
> **!** **C**apable (of being carried out)

These are called the "five Cs" of effective communication. Other factors such as common language and frame of reference should be considered.

VI. <u>Barriers to Communication:</u>

Among the people with whom you communicate, there will be a few whose behavior pose barriers to communication. Some of the barriers are as follows:

> • Non-Listeners
>
> • Know-It-All
>
> • Impatient Type
>
> • Negative Personality

It is important to identify such behaviors so that they do not become stumbling blocks to team work.

VII. Perception

Each member may perceive an issue in a different way. Resolution of differrences in perception calls for negotiation, listening and compromising.

2i.   **PERFORMING A TASK IN A GROUP**

WHAT IS A TASK?   A piece of work to be accomplished.

FACTORS TO CONSIDER:

1. Group Organization

   • Analyze the task
   • Understand the task uniformly as a group
   • Choose leadership
   • Share components of the task among members
   • Acquire resources
   • Assign responsibilities
   • Determine time frame
   • Develop a strategy

2. Involvement

   • Full Involvement
   • Partial Involvement
   • Withdrawal (physical, psychological)
   • Non-Involvement
   • Frustration
   • Problems of expression and language barrier

3. Creative Process

   • Discuss and Define The Task
   • Philosophize/Rationalize
   • Develop Strategies For Implementation
   • Remain Open To New And Wild Ideas
   • Engaging in Constructive Debate

4. Conflict

   • Different opinions on issues

- Different points of view
- Disagreements: mild/strong/violent

5. Conflict Resolution

- Compromise
- Reconciliation
- Negotiation

6. Closing the Performance: Review/Evaluation

Review
- Task definition
- Objective
- Method
- Product
- Resource use
- Time deadline

Evaluate
- Objective
- Procedure
- Product/Standard
- Problems encountered
- Judgement leading to endorsement

2ii.   **ORGANIZATION OF WORKING COMMITTEES**

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1. The course must be owned by participants.

2. To achieve the above, participants must be actively involved.

3. To maximize the involvement, participants will be organized into 3 major committees, each with a distinct and yet related function:

SOCIAL COMMITTEE:

- Thought for the day
- Social Announcements (birthdays, anniversaries..)
- Dividing participants into working groups as required
- Participants' Complaints
- Thanking outside resource people after their final presentations
- Planning and organizing social activities (site seeing, international nights, etc)

MAINTENANCE COMMITTEE:

- Classroom organization
- Training material organization
- Errands

MEDIA COMMITTEE:

- Collection of international news through newspaper reading, radio listening, and where possible, TV viewing.
- Collection of local/Hotel/Community/ and Participant activity news through observation and listening.
- Analysis and compiling of the news for announcement
- Announcement of the news every morning.

PARTICIPANT COURSE LEADER:
- Overall coordination
- Organization and analysis of activities of all committees

and presentation of quick feedback
• Coordination of recordings of classroom proceedings if
necessary

Each of the three committees will have its elected chairperson.

The three chairpersons and the course leader will (if and when necessary) meet with the course coordinator and co-trainers every evening to review how the day went and make suggestions for the next day.

Group functions will switch on bi-weekly basis, or more often if desired.

team group development wheel here

INTRODUCTION TO COMMUNITY-BASED FAMILY PLANNING PROGRAMS

TRAINER'S GUIDE

TIME: **FOUR CLASS SESSIONS,**
TOTAL OF SIX CLASSROOM HOURS

This is a full day session designed to review the history and development of community-based family planning programs, including their rationale, scope, relation to national policies, and relation to primary health care initiatives. The review also includes discussion of the major issues, common elements, and differences among programs.

The session will draw heavily on background readings, video programs developed in Nigeria (and elsewhere, as they may become available), and presentations by participants who are experienced in CBD. The session includes an in-class exercise on policy issues and places heavy demands on the trainer to guide discussions and to manage time.

OBJECTIVES:

By the end of the of the sessions participants should be able to...

1.   Recognize and describe the origins and development of CBD.

2.   Discuss the rationales for CBD.

3.   Describe the scope and types of CBD programs.

4.   Discuss the key issues involved in CBD programs.

READING MATERIAL:

Request participants to read the following materials prior to the session:

> Lewis and Keyonzo, "CBD of Family Planning Services: The International Experience With Selected Issues", August 1990
>
> ZNFPC and Columbia U., Conference on Community-Based Distribution and Alternative Delivery Systems, Harare, Zimbabwe, 1986
>> Bringing Family Planning to the People
>> Proceedings (English)
>> Resource Center Catalog
>
> UCH/CPFH, "Twenty-five Years of Family Planning Activities in University College Hospital (UCH)", Ibadan, Nigeria
>
> Foreit, J., et. al., "Community-Based and Commercial Contraceptive Distribution: An Inventory and Appraisal," Population Reports, Series J, No. 19, March 1978.
>
> CAFS Community Based Family Planning Programs. Issues in Designing Training Elements

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AUDIO-VISUALS:

1. Prepare the VCR and TV monitor to show "Villager to Villager" and "Health and Family Planning in the Marketplace."

2. Prepare a large flip chart, overhead transparency, or blackboard listing the ISSUES IN CBD PROGRAMS. Since these issues will form the basis for much of the days discussion and presentations, it will be important to keep these issues displayed throughout the day.

IN-CLASS EXERCISES:

1. In advance of the session, select three to four participants who are experienced in CBD programs and ask them to prepare short (five to ten minute) presentations about their programs. Give them the OUTLINE FOR PARTICIPANT PROGRAM DESCRIPTIONS to use in making their presentations. The guide for observers is contained in the Trainee's Manual.

2. Also, in advance of the session select three to four other participants who are experienced in CBD programs to make brief presentations about the policy issues confronting their programs. Ask the participants to use the POLICY EXERCISE - INSTRUCTIONS TO PRESENTERS to guide their presentations. This exercise is also contained in the Trainee's Manual.

3. Finally, prepare the POLICY EXERCISE - INSTRUCTIONS FOR OBSERVERS on page 6 for use by participants in responding to the presentations on policy issues. These instructions are also contained in the Trainee's Manual.

OVERVIEW OF THE SESSION:

1. Brainstorm: Definition of CBD

2. Discussion: Origins and Rationales for CBD

3. Discussion: Issues in CBD

4. Video: "Village to Villager"/"FP in the Marketplace"

5. Participant Presentations

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1. BRAINSTORM: DEFINITION OF CBD

Spend the first <u>ten to fifteen</u> minutes brainstorming. Develop a working definition of CBD. Use a black board or flip charts to record <u>all</u> participant responses. Refer to the assigned readings to get components of the consensus definition.

Key Concepts:

Services are provided in the community by community members
to ensure accessibility and availability

Services are not provided by highly trained clinical professionals in conventional health facilities

Services are safe, low cost, and effective

CBD requires innovative approaches to logistics-training-supervision-mis-monitoring-evaluation

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2. DISCUSSION: ORIGINS AND RATIONALES FOR CBD

Use the next <u>thirty minutes</u> to discuss the origins of and rationales for CBD programs. Use two flip charts or two sections of a black board labeled as follows: ORIGIN AND DEVELOPMENT and RATIONALES.

Ask the group to list and discuss origins and rationales based on their understanding of the assigned readings and their own professional experience.

Key concepts for ORIGINS include:

Community Development and Primary Health Care Movements

Limited reach of clinic services

Manpower shortages

Early efforts in Thailand, India, Brazil, Colombia

Early efforts in Nigeria, Zimbabwe, Kenya

Recognition of the importance of birth spacing and family planning as part of the Primary Health Care Movement.

Key concepts for RATIONALES include:

Safety, effectiveness,

Availability and accessibility (geographic, economic, administrative, cognitive, and psychological)

Risk benefit and relative risk

Social justice and ethical arguments.

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3. DISCUSSION: ISSUES IN CBD

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3. Use the next <u>45 minutes</u> to lead a discussion of the key issues involved in CBD programs. Use the overhead transparency or flip charts to systematically cover the following topics:

     URBAN/RURAL

     FREE/FEE

     VOLUNTARY/PAID AGENTS

     FP ONLY/INTEGRATED SERVICES

     CLINIC LINKED/FREE STANDING

     MOTIVATORS/DISTRIBUTORS

     INCLUSION/EXCLUSION OF PILLS

     GOVERNMENT/NONGOVERNMENTAL

     LARGE/SMALL

     STATIC/MOBILE

     LITERATE/ILLITERATE AGENTS

     LOGISTICS-TRAINING-SUPERVISION-MIS-MONITORING-EVALUATION

Be sure to add any issues to the list that were considered to be important by participants.

Use the next two blocks of time (total classroom time is <u>three hours</u>) for showing the two Nigerian videos and participant presentations of their programs (using the presentation guidelines furnished to them earlier). Remind participants to consider all presentations in light of the key issues discussed in the previous session.

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4. VIDEO: "VILLAGE TO VILLAGER"/"FP IN THE MARKETPLACE"

Allow <u>fifteen minutes</u> at the end of this block for synthesis.

Key concepts for synthesis:

The rapid growth of CBD in Africa

The wide range of program designs reflect the variety of contexts in which programs have been developed

Despite the wide range of designs and contexts, there are common issues to be addressed.

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5. PARTICIPANT PRESENTATIONS

FOURTH SESSION

This session is based entirely on the presentations to be made by participants from CBD programs. Presenters will be using the presentation guide furnished to them earlier and other participants will be using the observers guide to respond to participant presentations. The key concepts (from the observers guide) include:

National family planning policy specifically includes or excludes community-based programs.

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Limitations on who can prescribe and dispense contraceptives, especially oral contraceptives.

Limitations on initial supply versus resupply of oral contraceptives.

Import restrictions.

Pharmacy laws.

Free versus fee services and supplies.

Services to unmarried and younger clients.

Limitations on IEC messages and materials

Public service commission regulations on personnel

Spouse consent and parent consent requirements

Did the presentation cover all points?

Did the presentation cover all points adequately?

If not, what areas require additional detail?

Did the presentation omit any points?

What points were omitted?

Were any policy issues and regulations outside of the issues outlined presented?

Can you classify the policy and regulatory environment in the countries discussed as being supportive or restrictive of Community-Based Family Planning Services?

What steps might be taken to improve the policy and regulatory environment?

Suggestion

End the session by asking all participants to specify an idealized policy environment for CBD programs.

PREPARATION OF PRESENTATIONS: PROGRAM PRESENTERS

In advance of the session, three to four participants who are experienced in CBD programs will be asked to prepare short (five to ten minute) presentations about their programs. If you are among those selected, use the following outline as you prepare your presentation.

Origin and rationale for program

Urban/rural

Free/fee

Voluntary/paid agents

FP only/integrated services

Clinic linked/free standing

Motivators/distributors

Inclusion/exclusion of pills

Government/nongovernmental

Large/small

Static/mobile

Literate/illiterate agents

Logistics-training-supervision-MIS-monitoring-evaluation

Major constraints and obstacles and how they were overcome

Major accomplishments

PREPARATION OF PRESENTATIONS: POLICY PRESENTERS

In advance of the session, three to four participants who are experienced in CBD programs will be asked to prepare short (five to ten minute) presentations about their programs. If you are among those selected, prepare a short (5-10 minute) presentation on the impact of national policies and administrative regulations in your country and the way in which they affect the design and operation of your community-based family planning program. Be sure to include the following points:

National family planning policy specifically includes or excludes community-based programs.

Limitations on who can prescribe and dispense contraceptives, especially oral contraceptives.

Limitations on initial supply versus resupply of oral contraceptives.

Import restrictions.

Pharmacy laws.

Free versus fee services and supplies.

Services to unmarried and younger clients.

Limitations on IEC messages and materials

Public service commission regulations on personnel

Spouse consent and parent consent requirements

PREPARATION OF PRESENTATIONS: OBSERVERS

Selected participants will be making short (5-10 minute) presentations on the impact of national policies and administrative regulations in their countries and the way in which they affect the design and operation of community-based family planning programs. Presentations should cover the following points:

- National family planning policy specifically includes or excludes community-based programs

- Limitations on who can prescribe and dispense contraceptives, especially oral contraceptives

- Limitations on initial supply versus resupply of oral contraceptives

- Import restrictions

- Pharmacy laws

- Free versus fee services and supplies

- Services to unmarried and younger clients

- Limitations on IEC messages and materials

- Public service commission regulations on personnel

- Spouse consent and parent consent requirements

Did the presentation cover all points?

Did the presentation cover all points adequately? If not, what areas require additional detail?

Did the presentation omit any points? What points were omitted?

Were any policy issues and regulations outside of the issues outlined presented?

Can you classify the policy and regulatory environment in the countries discussed as being supportive or restrictive of Community-Based Family Planning Services? What steps might be taken to improve the policy and regulatory environment?

ISSUES IN CBD PROGRAMS

URBAN/RURAL

FREE/FEE

VOLUNTARY/PAID AGENTS

FP ONLY/INTEGRATED SERVICES

CLINIC LINKED/FREE STANDING

MOTIVATORS/DISTRIBUTORS

INCLUSION/EXCLUSION OF PILLS

GOVERNMENT/NONGOVERNMENTAL

LARGE/SMALL

STATIC/MOBILE

LITERATE/ILLITERATE AGENTS

LOGISTICS-TRAINING-SUPERVISION-MIS-MONITORING-EVALUATION

PROGRAMME DESIGN

TRAINER'S GUIDE

TIME: **EIGHT SESSIONS: TOTAL TWO DAYS**
TWELVE HOURS

The course will be structured around an exercise in which participants individually or in country or programme groups, write a CBD project paper. The programme design module covers the first step in the project cycle and is the starting point for participants in their project papers. Participants will modify and fill in the paper as implementation topics are covered later in the course.

OBJECTIVES:

By the end of the programme design sessions, participants should be able to ...

1. Demonstrate a shared understanding of key project design terms and principles.

2. Describe in logical sequence the basic steps in project development.

3. Write a problem definition, programme goal and programme objective

4. Define participant project exercise.

READING MATERIAL:

Fisher, Andrew, John Lang, John Stoekel, <u>Handbook for Family Planning Operations Research Design</u>. The Population Council, 1991 Edition

CDC, <u>Family Planning Methods and Practice in Africa</u>, Chapter 22, 1985.

Wolff, James, Linda Suttenfield, Susanna Binzen, <u>The Family Planning Manager's Handbook</u>, MSH, Boston.

Wolff, James, et al., <u>Beyond the Clinic Walls. Case Studies in Community Based Distribution</u>.

WHO, <u>On Being in Charge</u>, (new ed.), Part IV, Chpt 1, pp. 267-315), Glossary.

Columbia University, CPFH <u>Guidelines and Checklists</u>, sections on Program Planning and Management Review.

AUDIO VISUALS:

Prepare "The Project Cycle" and "Staircase of Programme Design" and the sample GANTT chart on overheads and flipcharts to be displayed for the duration of the course.

SESSION OVERVIEW:

1. INTRODUCTORY LECTURE: A WALK UP THE STAIRCASE (See lecture guide)

    1. **The Project Cycle**. Note the Project Cycle poster displayed in the classroom. It will remain there for the duration of the course.

    2. **Define Programme Design**. Discuss vocabulary found in lecture guide. Outline the "procedural rules".

    3. **A walk up the staircase** - discuss the steps in programme design - points 1-3.

2. SMALL GROUP EXERCISE I: "Critical" Minister of Health

    In work groups of 3-4 participants, take 20 minutes to write a problem statement, justification for proposed intervention, and a statement of the assumption of the changes that the intervention will produce. You will then present these to the Minister of Health (trainer) who will critique them and decide if the problem merits funding. In plenary, rewrite the problem statements so that they are acceptable to the Minister of Health.

3. CONTINUE UP THE STAIRCASE, POINTS 4-7 (Goals, Strategies, Objectives, and Activities)

4. SMALL GROUP EXERCISE II

    In the same groups, develop a goal, strategy, objectives and activities for the problem statement from exercise 1. Present these in plenary.

5. CONTINUE UP THE STAIRCASE, POINTS 8 AND 9 (Implementation Planning, Budget and Resourse allocation)

6. OVERVIEW OF IMPLEMENTATION ISSUES (Two Sessions)

7. DISCUSSION OF WORKSHOP PROJECT

"A Walk Up the Staircase"

Programme design is a logical planning process consisting of a step by step series of activities that identifies, defines, and analyzes perceived problems, and uses this information to draw up appropriate, relevant strategies and methods to enable achievement of set programme goals and objectives. Refer to the "Project Cycle" and note that the "identification" and "design" components are being addressed in this discussion.

Vocabulary: (See Glossary in On Being in Charge)

- Need (perceived, felt, expressed)
- Problem
- Goal
- Strategy
- Objective
- Activity
- Indicator
- Evaluation
- Monitoring

Procedural Rules:

i.   Know the problem well
ii.   Understand the environment for which the design is intended
iii.   Follow the suggested design steps one at a time
iv.   Avoid making decisions apriori
v.   Consult as many sources of information as possible
vi.   Do not hesitate to ask for assistance

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THE STEPS IN PROGRAMME DESIGN: A WALK UP THE STAIRCASE: Use the "Staircase of Program Design" flipchart as you present this part of the lecture.

Key Concepts:

The design of a programme is dependent on socio-cultural, political and economic conditions existing in the environment.

KEY POINTS TO BE PRESENTED

1. **Needs and Resources Assessment**. Develop a problem statement.

a. **Problem Identification**. What is the problem? "A problem is a difficulty or obstacle seen to exist between a present situation and a desired future objective." "A problem is a perceived gap between what is and what should be."

b. **Problem Definition.** Who is affected? What is the magnitude of the problem? What is the duration of the problem? What is the environment of the problem (socio-economic, cultural, geographic)?

c. **Problem Analysis**. What is the cause of the problem? Problems may have many causes. Do not confuse the cause of the problem with the problem itself.

2. **Justification for Intervention**. Is the problem important enough to warrant intervention? An intervention is in whose interest? What will be the benefit of the intervention? What are the social, economic, political and ethical consequences of the intervention? What are the consequences of non-intervention?

3. **Assumption for change due to intervention**. Make an educated guess as to what result is expected of a specific intervention. What should be the appropriate action to take to solve the problem?

STOP HERE AND DO EXERCISE ONE

SMALL GROUP EXERCISE I

"Critical" Minister of Health

In work groups of 3-4 participants, take 20 minutes to write a problem statement, justification for proposed intervention, and a statement of the assumption of the changes that the intervention will produce. You will then present these to the Minister of Health (trainer) who will critique them and decide if the problem merits funding. In plenary, rewrite the problem statements so that they are acceptable to the Minister of Health.

4. **Setting the Goal**. What is the ultimate aim of the programme? This is dependent on the mission of the organization or the individual implementing the intervention. Generally a goal is stated in singular terms. (e.g. "Improve the quality of life in community X through increased access and availability of family planning.")

5. **Developing a Strategy**. What is the best approach to solve the problem? What other approaches or mix of approaches can be used? How cost effective and affordable is the strategy? How acceptable will the strategy be? Is it feasible in terms of available technologies and resources? Will the strategy produce sustainable results? Key concepts:

    CAFS:
        Cost
        Acceptability
        Feasibility
        Sustainability

The selection of a strategy is also influenced by the existing health policies and regulations.

6. **Setting the Objectives**. "An objective is the intended result of the achievement of a programme or activity." What are the major target achievements that we need to complete to attain the set goal? Objectives need to have the following specific characteristics:

        SMART:
              Specific
              Measurable
              Achievable
              Relevant
              Time-Bound

(e.g. "At the end of one year, increase contraceptive prevalence from 10% to 20%.")

7. **Specify Activities.** What activities need to be carried out?

STOP HERE AND DO EXERCISE TWO

SMALL GROUP EXERCISE II

        In the same groups, develop a goal, strategy, objectives and activities for the problem statement from exercise 1. Present these in plenary.

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8. **Implementation Planning**. What will be the order of activity implementation? What resources will be required to implement the programme? What resources are available? How will the programme be monitored and evaluated? Selection of indicators for programme process and impact evaluation should be made. An implementation chart will make it easier to time-sequence the activities and allocate resources. (SEE THE SAMPLE GANTT CHART).

9. **Resource Allocation and Budget**. Costing of all activities takes place.

- Personnel time (in person-time units)
- Travel cost
- Materials and Equipment
- Cost of Activities
- Communication and Correspondence
- Administrative costs
- Inflationary effects

> **IMPLEMENTATION OF CBD PROJECTS - OVERVIEW**
>
> This part of the presentation is an overview and introduction to all of
> the subsequent topics covered in the workshop.

Assumptions:

* Problem has been identified which requires a community-based family planning service delivery approach.

* Donor funding is available

* Approach has been approved

Implementation Plan

1. Identify implementing organization(s) :

   NGO vs GOVERNMENT vs PRIVATE

   EXISTING vs SPECIALLY CREATED organizations

   Organization(s) selected to implement the CBD (especially NGOs) should have a level of political support that will allow them to interact with Government effectively and work towards integration and long term sustainability.

   Organization(s) must be able to provide services cost effectively (low overhead).

2. Set up MANAGEMENT AND POLICY STRUCTURES

   Organization structures

   Legal obligations
   * Charters
   * Government Registration

• Bank accounts

Project oversight (steering committee, technical
advisory group)
Policy procedures
• Interorganization collaboration
• Policy recommendations and issues
• Government relations

3.   Identify SITES

What are the priorities in selecting CBD sites?

• Demand for services

political
community

• Need

Demographic
Social
Fertility
Mortality

• Management efficiency
• Availability of "entry points"
• Impact on goals and objectives
• Acceptability of services at community level
• Need + Demand = Unmet Needs
• Demand + Impact = High Output

4. COMMUNITY PREPARATION

Project expects what from community?

• Political support of leaders
• Support for FP from community
• IEC in community
• Selection of CBD worker
• Motivation of clients
• Support of worker (moral, cash, in kind, labor, etc)

- Storage
- Supervision (often difficult)
- Provision of site for mobile clinics

Project must do what in community preparation?

- Organize community
- Provide criteria for CBD worker selection
- Review selection to ensure compliance
- Educate leaders
- Educate community

5. TRAINING

- Who?
  CBD workers
  Supervisor
  Clinic support staff
  Trainers
  Managers

- When?
- Where?
- How long?
- What materials will be used?
  prepared by who?
  Published?
  How many?
  Purpose (training vs reference)?

- Content of training?
- Retraining?
- Who does the training?
- What is the training environment? (numbers, venue, etc)

6. SERVICE DELIVERY:

SERVICES TO BE PROVIDED:

CLINICAL LINKAGES

- Formal vs informal
- Referral procedures
    - Clinic to CBD
    - CBD to clinic
- IEC role of clinic
- Clinical methods in CBD activities (motivation, follow-up, etc)
- Side effects
- Medical standards in CBD counselling (clinical review of quality)
- Clinic work by CBDs
- Training in clinic

QUALITY OF CARE

- Choice of Method
- Information given to client
- Technical Competence
- Interpersonal Relationships
- Mechanisms to Encourage Continuity
- Constellation of Services

7.   IEC

- Who is your target group?
- What is the best channel and medium to reach this group?
- What is your message? Is it appropriate?

8.   LOGISTICS (the six rights of logistics)

- Source of commodities
- Transport through all levels
- Inventory at all levels
- Storage at all levels
- Quality control at all levels
- Cost of commodities

9.   SUPERVISION

- What is the number of levels of supervision?
- What are the supervision procedures (are there guidelines)?

• What skills will be required of supervisors to do job?
• What is the supervision strategy?

       intensity
       changes over time
       problem focused vs regular
       supervision workload (number to be supervised)

10.   MIS

• What are the levels of reporting?
• What information is to be collected from each level?

       activities?
       logistics?
       outputs?
       impact?
       administration?

• How is the data kept timely?
• Are there any special studies you with to implement?
• What are the reporting implications on training and   supervision activities?
• How are records kept and transmitted (forms, books etc)
• How do you maintain quality in reporting?
• What commodities are required to operate the MIS?
• What characteristics must be included in reporting design?
• Describe the feedback loop
• Hierarchical structure of information flow
• Formal structure for flow (everybody knows where the
      information goes and their place in the feedback loop)
• Fixed format for reporting
      forms
      definitions
• Regular

11.   EVALUATION

• Evaluation must be:
      planned

constructive (programmatically, politically, financially)
formal - evaluation must be written up.

• Evaluation requires that performance indicators need to be built into the project (collect as you go along). These indicators are sometimes called benchmarks.
- impact
- process

12. SUSTAINABILITY

• Institutional sustainability
• Financial sustainability (short term, longterm)

13. SCHEDULE OF IMPLEMENTATION

14. BUDGET

PROJECT PAPER GUIDELINES

1.   Executive Summary (prepare last)

2.   Problem Statement

   -      Identify Problem

   -      Document Problem

          Quantitative/Qualitative data
          Literature Review
          Background studies

3.   Project description

     Link problems to goals, strategies, objectives and activities required to achieve solutions.

4.   Project Outputs/Planning and Evaluation

     What are the verifiable indicators of project achievement?

   -      Reporting procedures
   -      Technical Outputs

5.   Implementation Plan

          - Community Involvement
          - IEC
          - Schedule
          - Training
          - Service Delivery
          - Clinic Linkages
          - Logistics
          - Supervision
          - Monitoring and Evaluation
          - MIS

6.   Budget

7.   Annexes/appendices etc.

insert the project cycle here

insert the staircase of program design here

PROGRAMME OBJECTIVES SHOULD BE ...

S M A R T

S SPECIFIC

M MEASURABLE

A ACHIEVABLE

R RELEVANT

T TIME-BOUND

58

insert sample gantt chart here

THE PROJECT CYCLE
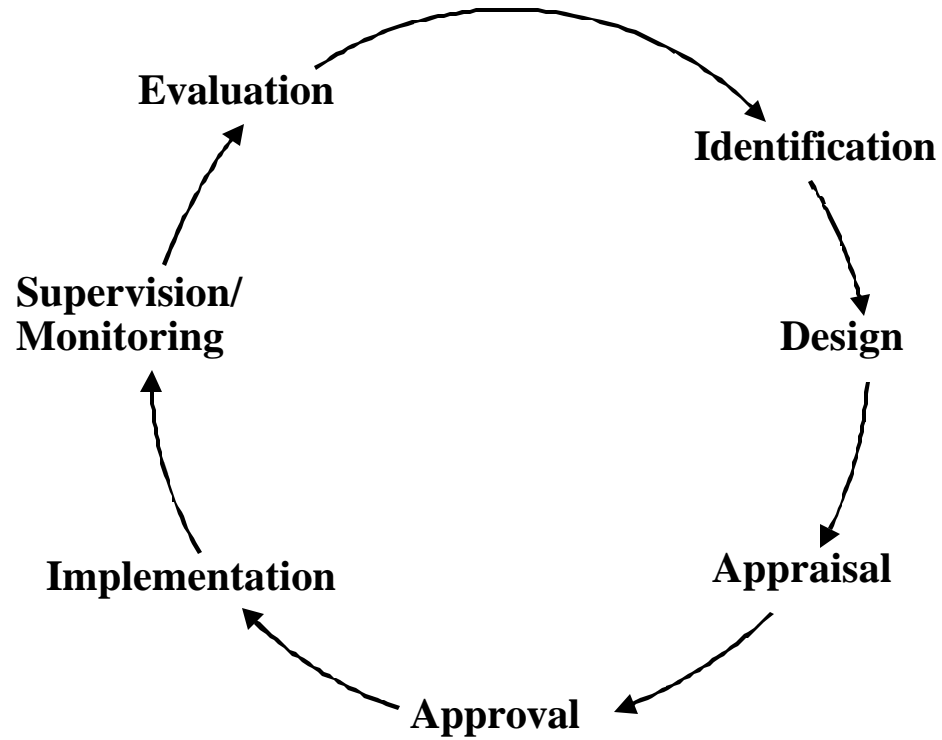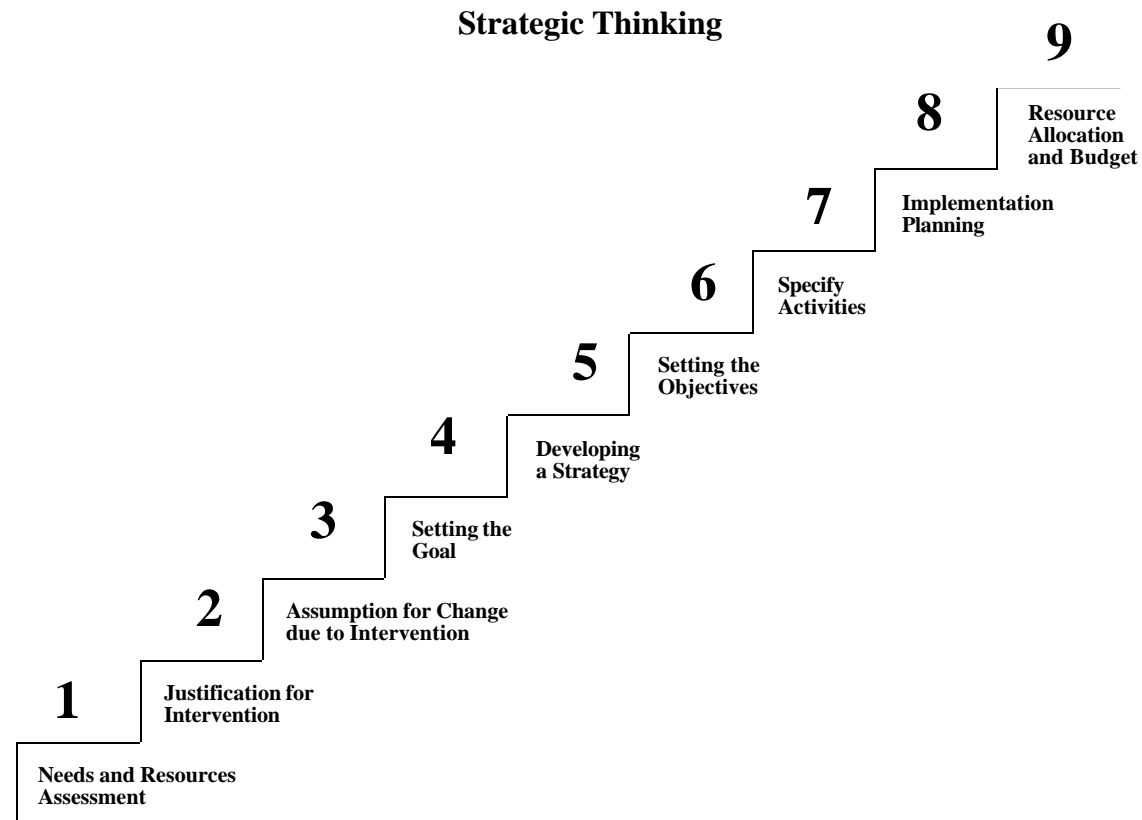
Evaluation

Identification

Design

Appraisal

Approval

Implementation

Supervision/
Monitoring

THE STAIRCASE OF PROGRAM DESIGN

Strategic Thinking

9

8

**Resource
Allocation
and Budget**

7

**Implementation
Planning**

6

**Specify
Activities**

5

**Setting the
Objectives**

4

**Developing
a Strategy**

3

**Setting the
Goal**

2

**Assumption for Change
due to Intervention**

1

**Justification for
Intervention**

**Needs and Resources
Assessment**

PROGRAMME OBJECTIVES SHOULD BE ...

S M A R T

S   SPECIFIC

M   MEASURABLE

A   ACHIEVABLE

R   RELEVANT

T   TIME-BOUND

PROJECT IMPLEMENTATION GANTT CHART

OBJECTIVE: TO DESIGN AND IMPLEMENT A CBD PROJECT

ACTIVITIES	TIME (DURATION) JAN FEB MAR APR	WHO	WHERE	COST
1. COLLECT DATA				
2. ANALYSE DATA				
3. IDENTIFY PROBLEM				
4. DEFINE AND ANALYSE PROBLEM				
5. WRITE PROJECT PROPOSAL				
6. SUPERVISE STAFF				
7. MONITOR PROJECT ACTIVITIES				
8. EVALUATE PROJECT				
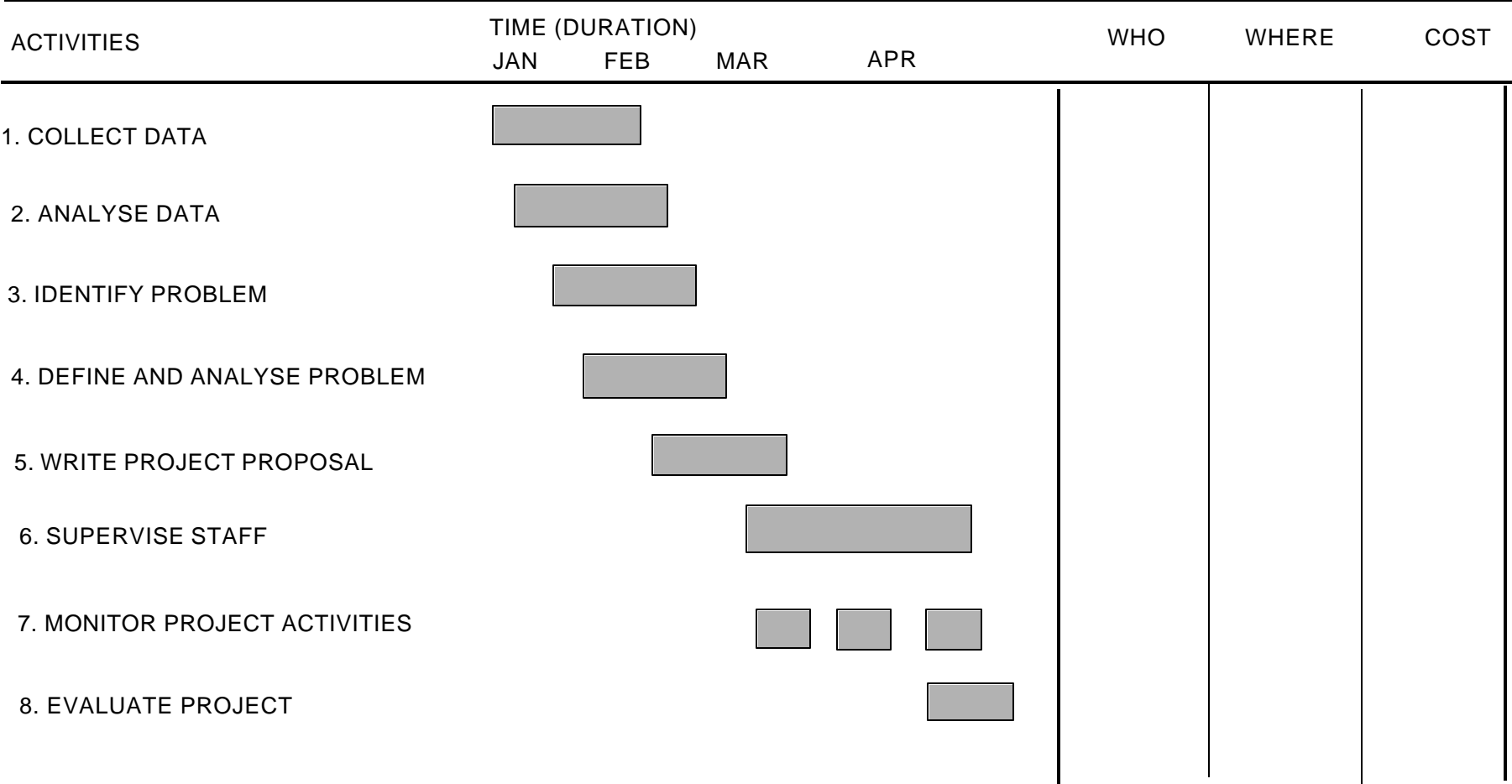
INTEGRATION OF SERVICES

TRAINER'S GUIDE

TIME: **ONE OR TWO CLASS SESSIONS,
                                              TOTAL OF 1 AND 1/2 TO 3 HOURS**

This session is designed to be incorporated into the unit on Program Design. The session deals with integration of community-based family planning services beyond the usual linkages that are established for referral and back up. The session allows participants to consider three basic design approaches to integration, including: 1) Family Planning Only, 2) Family Planning Integrated With Other Health Services, and 3) Family Planning Integrated With Other Development Sectors.

This session will draw on the background readings suggested for the Introductory Session, videos of the Nigerian Programs, participant presentations of their own programs, and participant experience.

Ordinarily, the content of this session will require one class session of one and one-half hours duration. If time allows, a second session of one and one-half hours may be added for conducting a debate in which participants present and defend the three types of integration mentioned earlier.

OBJECTIVES:

By the end of the session, participants should be able to...

1. Identify and discuss the rationale for integrating family planning services with other health services.

2. Identify and describe the major health interventions with which FP is most frequently integrated.

3. Identify and discuss the rationale for integrating family planning services with other sector development programs.

4. Identify and describe the major sectoral interventions most often associated with family planning.

5. Compare and contrast FP only, integrated with health, and integrated with other sector activities.

READING MATERIAL:

Participants should be asked to review the reading already assigned for
the Introductory session:

> Lewis and Keyonzo, "CBD of Family Planning Services: The international
> experience with selected issues", August 1990

> ZNFPC and Columbia U., Conference on Community-Based Distribution and
> Alternative Delivery Systems, Harare, Zimbabwe, 1986
> > Bringing Family Planning to the People
> > Proceedings (English)
> > Resource Center Catalog

> UCH/CPFH, "Twenty-five Years of Family Planning Activities in University
> College Hospital (UCH)", Ibadan, Nigeria

> Foreit, J., et. al., "Community-Based and Commercial Contraceptive
> Distribution: An Inventory and Appraisal," Population Reports, Series J, No. 19,
> March 1978.

> CAFS Community Based Family Planning Programs. Issues in Designing
> Training Elements

In addition, participants should be asked to review:

> Wawer, M., Huffman, S., Cebula, D., and Osborn, R., "Health and Family
> Planning in Community Based Distribution Programs."

AUDIO-VISUALS:

> Prepare a flipchart or an overhead transparency for the guided discussion by
> copying the chart "Approaches to Integration in Community-Based Programs".
> You may wish to present a blank chart to the class on a flipchart or blackboard
> and fill it in as the discussion progression. Participants are provided with a
> blank copy of this chart for their own notes in the Participant's Manual.

IN-CLASS EXERCISE:

If time is allotted for participants to stage a debate about the three types of integration, select six participants (in advance of the session to allow time for preparation). Assign two participants to represent the National Family Planning Program, two to represent the Ministry of Health, and two to represent the Ministry of Rural Development. Distribute the following guidelines to the debaters. Markers and paper is needed to make team nameplates.

OVERVIEW OF THE SESSION:

1. Guided Discussion: Approaches to Integration

2. Debate: Ministry of Health, Ministry of Population and Family Planning, and the Ministry of Rural Development

1. GUIDED DISCUSSION

Ask participants to brainstorm a list of programs with which family planning may be integrated. Use a blackboard or flip charts based on the table that appears on the following page to guide a discussion of different approaches to integration in the design of community-based family planning services. The table may be xeroxed onto a transparency for use with an overhead projector.

Key Concepts Include

The decision on the type and extent of integration is a complex one in which many factors must be considered. The decision must reflect both national policies and local realities as well as programmatic issues such as entry points, human resources, training, supervision, information systems, IEC, and logistics.

As the participants work across the cells of the chart, be sure to draw examples from their own experiences and programs, from the assigned readings, and class discussions to date.

APPROACHES TO INTEGRATION IN COMMUNITY BASED PROGRAMS

INTEGRATION TYPE _____ ISSUE	ONLY LINKED FOR FOLLOW UP REFERRAL AND SIDE EFFECTS	INTEGRATED WITH PHC ACTIVITIES e.g. ORS EPI ARI GM MCH NUTRITION MALARIA FIRST AID HIV/AIDS/STD	INTEGRATED WITH OTHER DEVELOPMENT PROGRAMS e.g., AGRIC CREDIT,EDUC LITERACY FOOD WID INCOME GENERATION
NATIONAL POLICY	Focus on pop and FP	Integrated FP and PHC	Integrated FP & devel.
ENTRY POINTS	Limited to referral/follow up	FP to PHC PHC to FP	FP to Devel Devel to FP
HUMAN RESOURCES	single purpose workers	Multi-purpose workers	Multi purpose workers
EFFICIENCY	High	Effort diluted	Effort diluted
EFFECTIVE-NESS	FP only may deter clients	Curative & Preventive may attract clients	Trusted associates may attract clients
ACCEPTABILITY	Situation specific	Situation specific	Situation specific
PREVENTIVE CURATIVE	Preventive only	Preventive & Curative	Preventive
TRAINING	FP only (simple)	FP and PHC (complex)	FP only (simple)
SUPERVISION	FP only	FP and PHC	FP and other activities
MIS	FP only (simple)	FP and PHC (complex)	FP only (slightly more complex)
IEC	FP only (simple)	FP and PHC (complex)	FP only (complex)
LOGISTICS	FP only (simple)	FP and PHC (complex)	FP only (complex)

2. DEBATE

If you have decided to proceed with the debate suggested as an optional session, ask the debaters to take formal positions at a table in front of the room. Prepare nameplates to identify the teams: National Family Planning Program, Ministry of Health, and Ministry of Rural Development. Select a timekeeper to monitor the debaters and to let them know when one minute of time is left.

Introduce the debate to the class as follows:

The National Family Planning Program of country X is administered by the Ministry of Population and Development. A nationwide CBD program is being planned and other Ministries are suddenly interested in the CBD Program.

>**The Ministry of Population and Family Planning/National Family Planning Programme** must make the case that a narrowly defined family planning approach is the most desirable approach and only those health services required for referral and back-up should be included in the design of the programme.

>**The Ministry of Health** must make the case that other primary health care interventions (such as oral rehydration, immunization, growth monitoring and nutrition, and acute respiratory infection), and maternal health, and HIV/AIDS/STD prevention and treatment should be integrated into the CBD design along with family planning services.

>**The Ministry of Rural Development** must make the case that development activities such as income generation projects for women should be integrated into the CBD design along with family planning services.

As observers of the debate you should consider the following points as they are made by the debating teams. At the end of the session, you will be asked to judge the "best points" made and to decide the "winner" of the debate.

- National Policy and Program Focus
- Entry Points
- Scarce Human Resources
- Efficiency
- Effectiveness
- Acceptability
- Preventive/Curative Services
- Training
- Supervision
- Information Systems
- IEC
- Logistics

The national family planning program is administered by the Ministry of Population and Family Planning. A nationwide CBD program is being planned and you must make the case that a narrowly defined family planning approach is the most desirable approach and only those health services required for referral and back-up should be included in the design of the program. You will have ten minutes to make your argument and five minutes to rebut the arguments of two other Ministries seeking to control the new program -- the Ministry of Health and the Ministry of Rural Development.

At a minimum, you should include the following considerations in your argument. Of course, you may introduce any other issues you consider to be relevant.

- National Policy and Program Focus

- Entry Points

- Scarce Human Resources

- Efficiency

- Effectiveness

- Acceptability

- Preventive/Curative Services

- Training

- Supervision

- Information Systems

- IEC

- Logistics

The national family planning program is administered by the Ministry of Population and Development. A nationwide CBD program is being planned and you must make the case that other primary health care interventions (oral rehydration, immunization, growth monitoring and nutrition, acute respiratory infection), maternal health, and HIV/AIDS/STD prevention and treatment should be integrated into the CBD design along with family planning services. You will have ten minutes to make your argument and five minutes to rebut the arguments of two other Ministries seeking to control the new program -- the Ministry of Population and Development and the Ministry of Rural Development.

At a minimum, you should include the following considerations in your argument. Of course, you may introduce any other issues you consider to be relevant.

- National policy and Program Focus

- Entry Points

- Scarce Human Resources

- Efficiency

- Effectiveness

- Acceptability

- Preventive/Curative Services

- Training

- Supervision

- Information Systems

- IEC

- Logistics

The national family planning program is administered by the Ministry of Population and Development. A nationwide CBD program is being planned and you must make the case that development activities such as income generation projects for women should be integrated into the CBD design along with family planning services. You will have ten minutes to make your argument and five minutes to rebut the arguments of two other Ministries seeking to control the new program -- the Ministry of Population and Development and the Ministry of Health.

At a minimum, you should include the following considerations in your argument. Of course, you may introduce any other issues you consider to be relevant.

- National Policy and Program Focus

- Entry Points

- Scarce Human Resources

- Efficiency

- Effectiveness

- Acceptability

- Preventive/Curative Services

- Training

- Supervision

- Information Systems

- IEC

- Logistics

TARGETING POPULATION SUBGROUPS

TRAINER'S GUIDE

TIME: **ONE CLASS SESSION**
                                                ONE AND ONE-HALF HOURS

This session complements both the Programme Design and Community Participation modules and can be used to bridge the two topics. It draws on readings and class discussions to date and uses many of the key concepts developed in the earlier sessions on "Introduction to Community Based Family Planning Programs" and "Integration."

OBJECTIVES:

By the end of the session, participants should be able to...

1.   Identify and define population subgroups (and their characteristics) that might be selected for special attention in CBD programs.

2.   Identify and discuss program design considerations (using the items in the list of "Issues in CBD Programs" as a guide) in setting up CBD programs to meet the needs of targeted populations.

AUDIO VISUALS:

Use the chart of "Issues in CBD Programs" (this is the same chart used in the Introductory Session). This chart may be photocopied for use as an overhead transparency or written on flipcharts or a blackboard.

1. BRAINSTORM

Begin by asking the group to brainstorm a list of population subgroups that might be selected for special attention in CBD programs. List all responses on flip charts or on a blackboard. Responses are likely to include:

Recently gave birth
Already have too many children
Youth
Men
Industrial Organizations (or businesses)
Migrants
Nomads
Refugees
Army
Police
Traditional Healers
Religious Organizations

Social Organizations
Agricultural Organizations
Unions
Government Workers
Market Traders
Transportation Workers
Commercial Sex Workers
Single Parents
Schools
Sporting Clubs

2. DISCUSSION

After generating as complete a list as possible, ask the participants to consider the important characteristics of each of the groups. It may be necessary to limit this discussion to only some of the groups listed as the overall list generated may be too long to cover all items.

Important general characteristics to consider for each of the groups are:

Access to Family Planning Services
Current practice of contraception
Ability to pay for services
Literacy
Privacy and Confidentiality
How group members spend their time (to help determine service delivery hours)
Where do group members get information?
Would members of the group make good CBD agents?

3. EXERCISE

The final step in this session is to select several of the target groups identified and consider the variations in programme design that might be needed to tailor a CBD program to suit some of the different groups identified.

A sample exercise can be found on the following page. Each participant group should choose one population target from the list generated before breaking into their small groups.

```
┌─────────────────────────────────────────────────────────────┐
│                                                             │
│                   SMALL GROUP EXERCISE                      │
│             TARGETING POPULATION SUBGROUPS                  │
│                                                             │
│                                                             │
└─────────────────────────────────────────────────────────────┘
```

You are responsible for developing a CBD programme for:

GROUP 1: (example: Urban out-of-school youth.)

GROUP 2: (example: A rural population with limited
         access to clinics.)

GROUP 3: (example: Rural adult males.)

GROUP 4: (example: Commercial sex workers.)

1.   What are the important characteristics of the group to be considered in programme design strategy? List only those characteristics that you feel will really affect the design of the programme.

2.   Choose 5 of the issues below and describe in what way they would need to be tailored to best serve your target group.

- Agent Characteristics
- Free/Fee
- Voluntary/Paid agents
- FP only/Integrated services
- Clinic-linked/Free standing
- Motivators/Distributors
- Inclusion/Exclusion of pills
- Static/Mobile
- Literate/Illiterate agents
- Logistics
- Training
- IEC
- Supervision
- MIS
- Monitoring

• Evaluation
• Sustainability

COMMUNITY PARTICIPATION AND AGENT SELECTION

TRAINER'S GUIDE

TIME: **FOUR CLASS SESSIONS**
                                                   TOTAL OF SIX CLASSROOM HOURS

This is a full day session designed to develop skills and understanding of
community involvement, selecting, mobilizing and maintaining involvement of
community and CBD agents.

OBJECTIVES:

By the end of these sessions, participants should be able to...

1.   Describe and demonstrate skills for selecting, mobilizing and maintaining
        community involvement.

2.   Outline the steps and apply the selection criteria for recruiting CBD agents.

3.   Explain the various kinds of support the CBD agent would require for
        effective job performance.

READING MATERIAL:

Participants should read the following materials prior to the session (of course the trainer should also review these documents):

Cox, F. M., et al., "Strategies for Community Organization".

Wolff, J. A., et. al., <u>Beyond the Clinic Walls. Case Studies in Community-Based Distribution</u>.

Delano, G. E., "Organizing for Community Participation.", Oyo State, Nigeria (In Zimbabwe Proceedings)

Odera, M. A., "Policy Issues Arising Out Of Efforts In Social Marketing And Private Sector Programs In Africa." (In Zimbabwe Proceedings)

AUDIO-VISUALS:

Prepare the five transparencies by photocopying pages 3-6, 18 for use with an overhead projector.

Note: Photocopy any of these transparencies for distribution to participants. There are two copies of each; one regular type, and one large typeset for use with an overhead projector. Pages 19 and 20 can be copied and distributed as well.

1. "Community Organization/Participation"
2. "Some Reasons for Involving People in Program Development"
3. "Factors Affecting Degree of Participation"
4. "Specific Strategies for Introducing and Maintaining A CBD Program"
5. "Professional Support for CBD Agents"
6. "A Sample Role of Village Development Committee"
7. "A Sample Composition of a VDC"
8. "Steps and Criteria for Selecting CBD Agents"

IN-CLASS EXERCISES:

Review the guides for "Community Participation and Agent Selection Group Work" and for the role play. These guides appear in the Participant Manual so there is no need to photocopy them.

OVERVIEW OF THE SESSION:

1. Mini-Lecture: Concepts of Community Organization and Participation

2. Work Group Exercise: Discuss community participation, generate specific strategies for introducing a CBD project in a community.

3. Role Play: CBD Project Team Visits a Community.

4. Guided Discussion: Support required for a CBD agent, training needs, the village development committee, selecting an appropriate CBD agent.

```
┌─────────────────────────────────────────────────────────────┐
│  ┌───────────────────────────────────────────────────────┐  │
│  │                                                       │  │
│  │     1. MINI-LECTURE                                   │  │
│  │                                                       │  │
│  └───────────────────────────────────────────────────────┘  │
└─────────────────────────────────────────────────────────────┘
```

Spend the first 10 minutes introducing the concepts of Community Organization/Participation as outlined in the transparency.

KEY CONCEPTS INCLUDE:

- Community Organization/Participation

- Specific Strategies for Introducing and Maintaining A CBD Program

- Some Reasons for Involving People in Program Development

- Factors Affecting Degree of Participation

- Professional Support for CBD Agents

TRANSPARENCY 1: Community Organization/Participation

I. Introduction

- Community organization has been termed variously as, community participation, community planning, community relations, planned change and community work, among others.

- The activity of CO is performed by professionals from many disciplines, e.g. social work, public health, adult education and family planning.

- There are many and varied approaches to CO practice.

II. 1. What is Community Organization?

- It is a process of intervention at the community level oriented toward improving or changing community institutions and solving community problems.

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- A process by which a community identifies its needs or objectives and cooperatively and collaboratively develops attitudes and practices to meet the needs.

2. What is clientele (people) participation?

- The significant and appropriate inclusion of the beneficiary/consumer and the service provider/agency at each step of the project cycle.

TRANSPARENCY 2: **Some Reasons for Involving People in Program Development**

- Ethical. - "It is right."

- Functional. - Have special knowledge and skills.

- Administrative. - Facilities coordination.

- Manipulative. - It leads to support.

- Educational. - Involvement will teach.

- Promotive or Protective. - To enlist support or to prevent attack.

- Facilitates program acceptance and goal achievement.

- Community members commit their resources.

- Sustainability

- Community Interest

TRANSPARENCY 3: Factors Affecting Degree of Participation

INVOLVEMENT IS A CONTINUUM OF

LACK OF PARTICIPATION 7   6 TOTAL PARTICIPATION

Three sets of factors influencing participation:

      1. Organization (includes programme)

      2. Environment (physical and social)

      3. Participants

TRANSPARENCY 4: Specific Strategies for Introducing and
                Maintaining a CBD Project

6   Enlist cooperation and involvement of local agencies early in the program planning stages.

6   Utilize such data on target population and local demographics (from needs assessment) for the planning and implementation of your project.

6   Mobilize your own organization to support your new CBD project (internal):

        -Set up a planning committee.
        -Assign tasks.
        -Develop a survey for needs assessment
         and baseline planning.
        -Get a formal proposal ready.

6   Mobilize communities in which project will be implemented (external):

      -Select and mobilize specific communities.
      -Get support of Ministry of Health.
      -Get support from other sectors.
      -Establish relationships with aid agencies
      -Publicize your efforts (mass media).
      -Investigate opposition to nonmedical distribution   of pills.

6   Establish village development committee or a CBD worker executive committee.

6   Initiate self-help projects if feasible, e.g., agricultural projects.

2. Work Group Exercise

For the remaining time of session one and for session two participants meet in small work groups and prepare a short presentation of the ideas generated from the following questions. These questions can also be found in the Participants' Manual.

1. How would you explain the term "Community Organization" or "Community Participation"?

2. How is clientele involvement important in the concept of community organization? In other words, a) list reasons for involving people in program development, and b) what are the factors that can affect the degree of participation during the implementation planning process?

3. Generate about 6 specific strategies you would adopt in introducing, starting and maintaining a community-based family planning project.

Allow for time for presentation and discussion of the exercise.

---

3. ROLE PLAY

To achieve the objective of this session, participants will enact a Role Play. Choose four participants in advance to act as the chief of the village and the members of the Village Development Committee. Three others will make up the CBD Project Planning Team. The characters are as follows:

> Chief
> Wardleader (VDC member)
> Women's Leader (VDC member)
> Community Development Worker (VDC member)
>
> Project Leader
> Two CBD Project Team Members

The characters will be given a rough script of a meeting between the village chief and Development Committee and the Project Planning Team. The rest of the participants will observe the role play and analyze it at its completion. Remind the participants that this is a role play and that what the actors do and say should not be taken as their personal feelings.

GUIDE FOR THE CBD PROJECT PLANNER AND TEAM

PROJECT LEADER:

CBD PROJECT TEAM MEMBER:

CBD PROJECT TEAM MEMBER:

Your team of 3 visited community "A" sometime back when you sold a new CBD project idea and provided guidelines on the formation/composition of a Village Development Committee - VDC, who would normally represent the community and make decisions on their behalf, when finally the community accepted the project proposal.

The village chief had given your team one month to come back for a feedback on their (community) reactions to your proposal.

You are back to the community after one month. You are at the Chief's house. The community has formed the VDC as per your team's previous guidelines. The VDC comprises:

    The Chief
    Women's Leader
    Community Development Worker
    Ward Leader

The Chief welcomes you and tells you the community has seriously considered your proposal but has a number of questions and concerns for your team before a final decision is made to accept your team's proposal.

These are some of them:

Chief: I am not happy about your first contact into our community through Mr. Odiek the "self purported" community leader.

CBD Project Team: (Response)

VDC: My fear is that your projects will lead to promiscuity in our community.

Project Team: (Response)

Chief: Even though we agreed young men of 25-40 years should be selected as volunteers as per your guideline, I would like to include "Olori" - my first wife as a volunteer in this programme. What is your reaction to this?

Project Team: (Response)

VDC: The VDC members want some incentives similar to CBD agents. Is this possible?

Project Team: (Response)

VDC: What if during service provision by CBD some of our community clients develop problem(s) or complications?

Project Team:(Response)

VDC: How precisely will our CBD agents be rewarded?

Project Team: (Response)

VDC: How will the CBDs be trained?

Project Team:(Response) At Nairobi for 4 weeks.

VDC: CBD Agents cannot be away from community for 4 weeks. What happens to their farm work if away for 4 weeks?

Project Team: (Response) Propose half day x 4 weeks for training CBDs within community locality.

VDC: How would the CBDs be supervised?

Project Team: (Response)

Add any other relevant questions and responses.

VILLAGE CHIEF:

WARDLEADER (VDC MEMBER):

WOMEN'S LEADER (VDC MEMBER):

COMMUNITY DEVELOPMENT WORKER (VDC member):

You (VDC) are being visited at the Chief's place by the CBD Project team who visited your community one month ago to sell you a CBD project proposal.

You are ready at this second meeting to accept the CBD project proposal if only the CBD project team would satisfactorily answer some burning issues and concerns members of the VDC have.

You will individually role play different parts at this meeting. You will agree on the questions to raise and who will ask these questions. Take time to plan your strategy.

The following are some of the general concerns you may raise. Add on any other relevant questions not included in this list.

Chief: I am not happy about your first contact into our community through Mr. Odiek the "self purported" community leader.

CBD Project Team: (Response)

VDC: My fear is that your projects will lead to promiscuity in our community.

Project Team: (Response)

Chief: Even though we agreed young men of 25-40 years should be selected as volunteer as per your guideline, I would like to include the "Olori" - my first wife as a volunteer in this programme. What is your reaction to this?

Project Team: (Response)

VDC: The VDC members want some incentives similar to CBD agents. Is this possible?

Project Team: (Response)

VDC: What if during service provision by CBD some of our community clients develop problem(s) or complications?

Project Team: (Response)

VDC: How precisely will our CBD agents be rewarded?

Project Team: (Response)

VDC: How will the CBDs be trained?

Project Team: (Response) At Nairobi for 4 weeks.

VDC: CBD Agents cannot be away from the community for 4 weeks. What happens to their farm work if away for 4 weeks?

Project Team: (Response) Propose half day x 4 weeks for training CBDs within community locality.

VDC: How would the CBDs be supervised?

Project Team: (Response)

Add any other relevant questions and responses:

---

4. GUIDED DISCUSSION

Explain the various kinds of support the CBD agent would require for effective job performance, training needs, the village development committee, and selecting an appropriate CBD agent.

Lead a guided discussion and question/answer session covering the points outlined below.

TRANSPARENCY 5: Professional Support for CBD Agents

CBD AGENTS ARE PROVIDED COMPETENCY-BASED TRAINING IN LIMITED AND WELL DEFINED AREAS, NAMELY:

- • BASIC HUMAN REPRODUCTION

- • CONCEPTS OF FAMILY PLANNING AND HEALTH BENEFITS

- • COMMUNICATION SKILLS

- • CBD CONCEPT AND OPERATIONS

- • RESUPPLY AND RECORD-KEEPING SYSTEMS

- • USE OF CHECKLISTS FOR SAFETY OF METHODS

TRANSPARENCY 6: A Sample Role of Village Development Committee (VDC)

The VDC is responsible to the following:

a) Continuous assessment of CBD/FP, planning and implementation of the programs

b) Selecting and sponsoring people for training as CBD agents.

c) Supervising the implementation of CBD projects at their level

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d)   Mobilizing the community to participate actively in the project implementation

e)   Identifying family planning needs of the community and communicating this to higher levels

f)   Making resources available which are needed for the project implementation

g)   Providing accommodations for CBD guests (technical staff) during visits

h)   Encouraging the community to accept the CBD agents

**TRANSPARENCY 7: A Sample Composition of a Village Development
                         Committee (VDC)**

- Village Head (should be the chairman unless community decides otherwise)

- Ward Heads

- School Headmaster

- Religious Leaders

- Woman Representative

- Agricultural Extension Worker

- Village Level Community Development Worker

- Anyone the community wishes to include in the committee

- One selected member from each ward representing farmers and other occupational
  groups

TRANSPARENCY 8: Steps and Criteria for Selecting CBD Agents

<u>STEPS</u>

1. Enlist community leaders (VDC) to identify individuals

2. Organize contests to select the best candidates

3. Use questionnaires, interviews, or practical tests to determine suitability

4. Select the best candidates

<u>SELECTION CRITERIA</u>

1. Mature and respected resident of the community

2. Have interest in family planning

3. Literate in local language

4. Have primary level education

5. Between 25 and 40 years of age

6. Married

COMMUNITY ORGANIZATION COMMUNITY PARTICIPATION

I. *INTRODUCTION*

Community organization has been termed variously as: "community participation," "community planning," "community relations," "planned change," and "community work," among others.

The activity of COs are performed by professionals from many disciplines, e.b., social work, public health, adult education and family planning.

There are many and varied approaches to CO practice.

II. *WHAT IS COMMUNITY ORGANIZATION?*

It is a process of intervention at the community level oriented toward improving or changing community institutions and solving community problems.

A process by which a community identifies its needs or objectives and cooperatively and collaboratively develops attitudes and practices to meet the needs.

III. *WHAT IS CLIENTELE (PEOPLE) PARTICIPATION?*

The significant and appropriate inclusion of the beneficiary/consumer and the service provider/agency at each step of the project cycle.

SOME REASONS FOR INVOLVING PEOPLE IN PROGRAM DEVELOPMENT

•**Ethical** — "It is right"

•**Functional** — Have special knowledge and skills

•**Administrative** — Facilities coordination

•**Outreach** — Inspires further community support

•**Educational** — Involvement will teach

•**Promotive/Preventive** — To enlist support or prevent attack

•**Program Acceptance** — Goal achievement facilitated

•**Community** — Commits their resources

•**Sustainability**

THREE SETS OF FACTORS INFLUENCING PARTICIPATION

LACK OF PARTICIPATION : TOTAL PARTICIPATION

1. **ORGANIZATION** (includes programme)

2. **ENVIRONMENT** (Physical and social)

3. **PARTICIPANTS**

SPECIFIC STRATEGIES FOR INTRODUCING AND MAINTAINING A CBD PROJECT

•Enlist cooperation and involvement of local agencies early in the program planning stages

•Utilize such data on target population and local demographics (from needs assessment) for planning and implementation of your project

•Mobilize your own organization to support your new CBD project (internal):

    -Set up planning committee
    -Assign tasks
    -Develop a survey for needs assessment and baseline planning
    -get a formal proposal ready

PROFESSIONAL SUPPORT FOR CBD AGENTS

CBD agents are provided competency-based training in limited and well-defined areas, namely;

•Basic human reproduction

•Concepts of family planning and health benefits

•Communication skills

•CBD concept and operations

•Resupply and record-keeping system

•Use of checklists for safety of methods

•Mobilize communities where project will be implemented (external):

- -Select and mobilize specific communities
- -Get support of Ministry of Health
- -Get support from other sectors
- -establish relationships with aid agencies
- -publicize your efforts (mass media)
- -investigate opposition to non-medical distribution of pills

•Establish village development committee or CBD worker executive committee

•Initiate self-help projects if feasible, e.g., agricultural projects

A SAMPLE ROLE OF VILLAGE DEVELOPMENT COMMITTEE (VDC)

The VDC is responsible to the following:

1. Continuous assessment of CBD/FP, planning and implementation of the programs

2. Selecting and sponsoring people for training as CBD agents

3. Supervising the implementation of CBD projects at their level

4. Mobilizing the community to participate actively in the project implementation

5. Identifying family planning needs of the community and communicating this to higher levels

6. Making resources available which are needed for the project implementation

7. Providing accommodations fora CBD guests (technical staff) during visits

8. Encouraging the community to accept the CBD

agents

A SAMPLE COMPOSITION OF VILLAGE DEVELOPMENT COMMITTEE (VDC)

- Village Head (should be the chairman unless community decides otherwise

- Ward Heads

- School Headmaster

- Religious Leaders

- One selected member from each ward representing farmers and other occupational groups

- Women Representative

- Agricultural Extension Worker

- Village Level Community Development Worker

- Anyone the community wishes to include on the committee

STEPS AND CRITERIA FOR SELECTING CBD AGENTS

STEPS

1. Enlist community leaders (VDC) to identify individuals

2. Organize contests to select the best candidates

3. Use questionnaires, interviews, or practical tests to determine suitability

4. Select the best candidates

SELECTION CRITERIA

1. Mature and respected resident of the community

2. Have interest in family planning

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4. Have primary level education

5. Between 25 and 40 years of age

6. Married

INFORMATION, EDUCATION AND COMMUNICATION

TRAINER'S GUIDE

TIME: FOUR SESSIONS, TOTAL SIX HOURS

These sessions are designed to introduce participants to communication and to the design of targeted information. It is not meant to train participants to be IEC specialists since this is impossible in a one day session, rather it is meant to give them an appreciation for the complexity and importance of well designed IEC materials.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1.   Define each of the terms "Information", "Education", and "Communication"

2.   Identify the different levels at which communication takes place

3.   Apply the principles outlined in the HICDARM Pie Chart to carry out IEC

4.   Select appropriate messages and channels for IEC at the different levels

READING MATERIAL:

Select pertinent material, photocopy and distribute the day before the session.

SESSION SUMMARY:

1. **INTRODUCTORY LECTURE**

2. **GROUP WORK**

1. LECTURE GUIDE - IEC

1. Define Communication.

Develop a consensus definition, write on flipchart and tape to the wall of the classroom.

An example might be: "Communication is process of sharing or transmitting perceptions, facts, feelings, emotions, desires, etc. between two or more people through speech, signs or visible acts."

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2. What is Communication?

Brainstorm a list of some examples of communication in daily life and in professional life. Record participant responses on a flipchart.

DAILY LIFE   PROFESSIONAL LIFE

For the lists generated above establish:

Who is the **receiver**?
Who is the **sender**?
What is the **purpose** of the communication?
(persuade, teach, reinforce, resolve, inform, etc.)

Communication example	Sender	Receiver	Purpose

3. Theories and frameworks of Communication.

SOURCE -- encode -- message -- channel -- barriers -- RECEIVER

Message/Sender - channel - receiver - effect - feedback - repeat
    (MS. CREF)

What are the Channels?   (radio, newspaper, rural press, TV, national campaigns, public rallies, posters, audio-cassettes, videos, films, newsletters, pamphlets, self-instructional booklets, home visits, neighborhood encounter, encounter at work, clinic encounter, counselling, etc.)

What makes communication **effective**?

Sender is credible, has a clear objective, understands the receiver or target, the message is short, concise, clear, appropriate for the audience, culturally relevant, simple, receiver is motivated to receive message.

What are some **barriers to effective communication**?

Inappropriate language used, incorrect assumptions about learning level of receiver, lack of respect for cultural norms, lack of interest on the part of receiver, receivers perception of sender, receiver lacks awareness of channel being used - wrong choice of channels.

4. What is IEC?

Transmission of facts, ideas, concepts, increasing the level of knowledge or awareness leading to adaptation or acceptance.

INFORMATION   Sending information **to** someone. Sending data, data by itself can not educate. No sharing, no exchange, no dialogue.

EDUCATION Dialogue. **Educere** ("loading in"). Traditionally dialogue was discouraged in education. Loading in assumes that the pupil is empty. Now it is recognized that the loading in by itself is not sufficient.

> **Educare** ("drawing out"). When drawing out, we are assuming there is something to draw out.

COMMUNICATION   The **result** of "loading in" and "drawing out. A dynamic symbolic process which allows people to relate and manage their environments.

5. The HICDARM pie chart

H   **HEARING NEEDS.** Identify the people who have not yet heard about FP (awareness needs). Don't assume that all of the people don't know. Mass media communication.

I   **INFORMATION NEEDS**. Identify those that have heard but require additional information (information needs). Mass media communication.

C   **CONVINCING NEEDS.**Identify those that have the information but who are not convinced. (persuasion needs). Rational or emotional messages. Rational - "breast feed your baby for two years", emotional - "too many children is a burden". Interpersonal communication.

D   **DECISION NEEDS.** Identify those who are convinced of benefit but have not yet decided to start. Strategies to make people decide (persuasion needs, but more urgent than the above). Emotional arguments.

A   **ACTION NEEDS.** Identify those who have decided but not acted. (access needs, supplies and demands must meet).

R   **RECONFIRMATION NEEDS.** Identify those who have acted, but want to reconfirm that they have done the right thing. (Reassurance needs). IEC does not end when FP is used.

M   **MAINTENANCE NEEDS.** Identify those who need to be urged to maintain FP use. Let satisfied users share information. Counselling. Home visiting.

Each of these groups has its own IEC strategies.

Give an example of people who fall in each section of HICDARM for family planning. What kinds of message would be used? Using which channel of communication? Who would be an appropriate

sender? How would a CBD agent identify people in each of these categories? What clues would he/she look for?

6. Levels of Communication

Write each of the levels in a flipchart and ask participants to give examples of each. Examples are given here for the trainer.

A. HOUSEHOLD/INDIVIDUAL level: client level

B. CLINIC level: clinic staff and service providers

C. MICRO/COMMUNITY level: small area, village

D. INSTITUTIONAL level: organizations, Ministry of Health, program level

E. MACRO/NATIONAL level: national, country-wide

7. Strategies of Communication

Choose your level and channel according to your communication objective and target. Some IEC strategies are appropriate for some levels but not at others. In communication for a CBD program, several levels may need to be targeted.

A. Household/Individual Level: This is the core level for communication for a CBD program. CBD agents will be communicating at the individual and household level to teach, inform, persuade and reassure about family planning. CBD agent must have a clear understanding of HICDARM so that they can properly identify information needs.

What channels are available at the individual level?

- Interpersonal - Home visiting

- Clinic encounter

- Neighborhood encounter, adopting what one sees at the neighbor's.

• Professional and occupational encounters (visiting establishments - workplace, church, etc).

B. <u>Clinic staff/Other service provider level</u>. A CBD agent is mostly concerned with the individual level, however, a CBD programme requires communication at other levels to be successful. Educating, motivating, persuading, informing, reassuring and encouraging doctors, nurses and other clinic personnel is vital to the success of a CBD program.

What channels are available?

• Interpersonal level - talking with clinic personnel

• Teaching/Training

• Study tours

• CBD Manager - CBD Agent interactions, Supervision

C.   <u>Community/Micro level</u> -

BRAINSTORM: Using Existing Community-Based Structures:

Ask participants to brainstorm a list of existing community-based structures that they might exploit for communication at the community or micro level. Some examples are listed below.

Home/Family/Neighborhood
Church
Market
School
Postal Services
Leisure Facilities
Peer Group/Social Group
Professional Groups

Then ask participants to come up with activities they would use within these structures to communicate their CBD message. For example a women's group might write and perform family

planning songs, or a competition held at the local school.

D. <u>Institutional level</u> -

Create awareness of FP/CBD.

Advocacy in house - for example there are many doctors who oppose CBD - doctors, nurses, staff, advocacy among possible collaborators.

Inform about range of programs available. Persuasion and education of clients about FP/CBD -- the "must know" information.

What channels can be used?

- Radio, TV, Newspaper

- Newsletters, pamphlets,

- Posters

- Audio-cassettes (messages are produced at the institutional level)

- Video, films

- Self-instructional booklets (for service providers, for clients - literate and illiterate)

E.   <u>Macro level</u>

a) **Create Awareness**. Giving information (data) about the relationship between population and development, benefits of family planning. Making sure that these issues are being discussed at a national level.

b) **Advocacy** with policy makers.

c) **Agenda-setting** - insuring that family planning remains on the national agenda. (getting important people involved to attract media).

What channels can be used?

• Radio (magic multipliers - reaching many at one time)

• Newspaper (problem:language, circulation, literacy, distorted messages, technical language, dominated by politicians)

• Rural Press (uses local languages, democratizes information, access, participation)

• Television (does not reach rural areas, talking to the converted)

• National Campaigns (through all of the above channels)

• Public Rallies (dominated by politicians)

8. Communicating a Message:

A. Types of Messages:

  1. <u>Inform</u>: Give basic data/facts.
  2. <u>Educate</u>: involving client in thinking and learning about issue
  3. <u>Persuade</u>: fear, anxiety, reference groups, appealing qualities. People have a tendency to ignore messages of fear. Reference groups - as in advertising - "Family Planning is for successful people." Association with appealing qualities. Negative appeal does not work.

B. Skills Needed for Communicating a Message:
  Speech communication
  Writing
  Listening
  Demonstration/Acting

* Messages must be **"receiver oriented"** (according to the needs of the receiver) not "sender oriented" (according to sender prejudices, to what the sender wants to talk about). Avoid "channel centered" messages that are being forced to be carried by a certain medium when this may not be the most appropriate medium (for example, what good does it do to describe how to put on a condom over the radio). Before deciding on medium, make sure that you know that it will be the best in the circumstances. One should be **"problem oriented"** (the nature of the problem should dictate what channel to use.)

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2. GROUP EXERCISE

In four groups with each assigned a level, complete the exercise below:

Group : Household/Individual Level
Group : Community/Programme Level
Group : Clinic Level
Group : Macro Level

A. Develop a message addressing a key issue/problem of family planning.

B. What are the characteristics of the audiences to be addressed?

C. What media channels are to be used.

D. Is the message:

1. Short, concise and unambiguous?

2. Action oriented? Does it tell the potential audience what to do?

3. Informing, educating, persuading, entertaining, etc.?

LEVELS OF COMMUNICATION
FOR IEC MESSAGES

1. **HOUSEHOLD/INDIVIDUAL**: client
    level

2. **CLINIC**: clinic staff and other
    service providers

3. **COMMUNITY/MICRO**: small area
    of operation

4. **INSTITUTIONAL**: organizations
    MOH, programme level

5. **MACRO**: very big, national or country-
    wide

insert hicdarm pie chart

TRAINING

TRAINER'S GUIDE

TIME: SIX CLASS SESSIONS, TOTAL OF NINE CLASSROOM HOURS

These sessions will cover the overview of the training function in an organization and the critical steps in planning, conducting and evaluating training programmes. In discussing the implementation and evaluation of training programmes, participants will be asked to relate the issues raised to family planning CBD training programmes.

The sessions will draw heavily on the background reading document and presentation by participants who are experienced in family planning CBD training. The trainer will closely monitor time usage.

READING MATERIAL

Participants should read:

Kalaule, E.B., "The Training Function: Major Reading Document for the CAFS Course on Management of Family Planning CBD Programmes", July, 1992.

University College Hospital, Ibadan/Center for Population and Family Health. "Training Manual for Voluntary Health Workers in Community-Based Health and Family Planning Programmes", December, 1989.

Participants will be asked in advance to review the assigned readings on the proceeding topics and sift out the training implications.

AUDIO VISUALS:

1. Review the group exercises for:

  • Categories of personnel
  • Task analysis.
  • Training objectives setting.
  • Content selection.

2. Prepare transparencies highlighting salient issues on each of the subtopics.

3. Divide participants in working groups.

OVERVIEW OF THE SESSION:

The topic will be divided into five sections:

  1. Training Overview
  2. Training Needs Assessment (Group Exercise part one and two)
  3. Training Objectives (Group Exercise part three)
  4. Training Content and Methodology (Group Exercise part four)
  5. Training Aids/Evaluation (Group Exercise part five and six)

During the course of these sessions, participants will work through an exercise with six steps. Each step will draw on the topic of previous steps in the exercise.

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│                                                                       │
│     1. TRAINING OVERVIEW                                              │
│                                                                       │
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SESSION ONE: ONE AND ONE HALF HOURS

OBJECTIVES OF TRAINING OVERVIEW:

By the end of this session, participants should be able to...

1.   Define Competency-Based Training

2.   List four factors that necessitate training in an organization

3.   Outline the advantages/benefits of training in an organization

4.   Define Training-of-Trainers and illustrate how it is used in CBD programs

Lead an interactive lecture/discussion introducing the points above.

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┌─────────────────────────────────────────────────────────────────────┐
│                                                                       │
│     2. TRAINING NEEDS ASSESSMENT                                     │
│                                                                       │
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SESSION TWO AND THREE: THREE HOURS

These two sessions will be used to cover issues pertaining to training needs and resource assessment which is an essential first step in designing training activities.

OBJECTIVES OF TRAINING NEEDS ASSESSMENT:

By the end of the sessions, participants should be able to...

1. Identify the steps in the training planning cycle and locate the position of the needs assessment step in this cycle.

2. Define a training need.

3. Describe the process of determining training needs.

        Quantitative needs assessment - target identification.

        Qualitative needs assessment
- Analysis of job description
- Analysis of performance appraisal and supervision reports
- Task analysis
- Job design
- Interviews and discussion with employees and supervisors
- Observation of performance on the job

a. Discusses various components of the training cycle.

b. Group Exercise

GROUP EXERCISE PART ONE:

In work groups, participants complete the following exercise.

(i) List categories of personnel working on the CBD programme in your organizations.

(ii) List the functions/responsibilities of two of the categories. One of these categories must represent the lowest cadre.

---

c. Participants present group work.

d. Group Exercise

GROUP EXERCISE PART TWO

In work groups, participants complete the following exercise.

Take one function of the CBD Agent/Distributor and break it in at least four subtasks for which you should undertake task analysis following the format on the forms provided. Example of a form is attached.

---

e. Participants present group work for discussion and synthesis.

EXAMPLE OF TASK ANALYSIS FOR ONE SELECTED TASK

JOB TITLE: CBD PROGRAMME SUPERVISOR

TASK: SUPERVISE AID POST ACTIVITIES AND VHW AND PRACTITIONER'S WORK

SUB-TASKS	KNOWLEDGE	SKILLS	ATTITUDES
1. RECEIVE AND ANALYZE REPORTS ON ACTIVITIES FROM VHWs AND PRACTITIONER AT MONTHLY MEETINGS.	- JOB DESCRIPTION OF VHWs AND PRACTITIONER - MONTHLY PLANS FOR AIDPOST - CHS/FLEP ACTIVITIES	- CONDUCT MEETING - EXTRACT PRIORITY INFORMATION FROM REPORTS PERTINENT TO JOB PERFORMANCE - RELATE STATED ACTIVITIES TO PLAN - COMMUNICATION: COUNSELLING, GROUP DISCUSSION - LISTENING - TEAM WORK	- OPENNESS PATIENCE/ TOLERANCE - INTEREST IN WORK - FLEXIBILITY
2. OBSERVE JOB PERFORMANCE OF HEALTH PERSONNEL (VHWs AND PRACTITIONER)	- JOB DESCRIPTION - SCHEDULE OF ACTIVITIES	- LISTENING - RELATE OBSERVED DUTIES OF PERSONNEL TO ASSIGNED TASKS	- AS ABOVE
3. RECEIVE FEEDBACK FROM COMMUNITY MEMBERS ON PERFORMANCE OF VHWs AND PRACTITIONER	- WHO HAS RECEIVED SERVICES FROM HEALTH PERSONNEL - AREAS OF INFORMATION TO COLLECT	- INTERVIEWING - HOME VISITING - ASSESS INFORMATION OBJECTIVELY (SOLICIT INFORMATION FROM COMMUNITY)	- AS ABOVE

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4. GIVE FEEDBACK TO HEALTH PERSONNEL ON PERFORMANCE	- JOB PERFORMANCE ASSESSMENT OF RESPECTIVE PERSONNEL - JOB DESCRIPTION OF PERSONNEL	- COUNSELLING	- AS ABOVE

EXAMPLE OF A TASK ANALYSIS FOR ONE TASK
JOB TITLE:

SUB-TASK	KNOWLEDGE	SKILLS	ATTITUDES

insert Cycle of Systematic Training circle diagram

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┌─────────────────────────────────────────────────────────────────┐
│                                                                   │
│      3. TRAINING OBJECTIVES                                        │
│                                                                   │
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This session will be devoted to the discussion and exercise on setting training objectives.

OBJECTIVES OF TRAINING OBJECTIVES SESSION:

By the end of the session, participants should be able to...

1.   Define a training objective.

2.   List special characteristics of training objectives

3.   Describe the three domains of training objectives (cognitive, psychomotor and affective).

4.   Formulate examples of training objectives using the task analysis exercise done earlier.

a. Through question and answer in plenary, participants define training objectives and indicate how they differ from programme objectives.

b. Through the same technique participants and trainer outline special characteristics of training objectives.

c. Trainer gives examples of well formulated and poorly formulated training objectives.

d. Participants do an exercise individually on recognizing well formulated training objectives. (see following page)

e. Discuss results of the exercise.

f. Group Exercise Part Three: Objectives for Task Analysis.

g. Participants present group work for discussion and synthesis.

Read each of the examples carefully and state whether each example is a Behavioral Objective or not (circle Yes or No). If no, state which of the three rules of writing Behavioral Objectives it violates. (Write rule A, B, C or any combination of these rules).

<u>Examples</u>

1.   "To help them to understand their duties, rules and functions as described in the policy book."

                YES/NO

2.   "The trainee will be able to list the responsibilities of CBD Agents."

                YES/NO

3.   "The trainee will be able to perform each of the duties listed in the policy book for CBD Agents."

                YES/NO

4.   "The trainee will observe a role-play on how to conduct a group meeting in a village setting."

                YES/NO

5.   "The trainee will be able to state three reasons why he should hold group meetings in his area."

                YES/NO

6.   "The trainee will be able to conduct group meetings with villagers in a village, incorporating at least 90% of the suggested techniques for holding good group meetings as given in class. He will demonstrate this by conducting at least one complete group meeting of his own."

                YES/NO

7.   "The trainee will thoroughly understand the technique of recording supplies."

                YES/NO

8.   "The trainee will be able to list the steps to follow to determine whether a woman is a suitable candidate for oral contraceptives."

YES/NO

9.   "The trainee will be able to counsel and refer clients who are interested in VSC."
YES/NO

10.   "The instructor will demonstrate proper use of a condom using a wooden model."
YES/NO

11.   "The trainee will be able to put on and remove a condom from a wooden model."
YES/NO

12.   "The trainee will be able to effectively counsel an actual client, giving correct instructions on taking the pill as given in the procedures manual."

YES/NO

REVISION

A statement of a training of goal is a behavioral objective if it meets the following conditions:

a. It describes what the trainee should be able to <u>do</u> at the <u>end</u> of the training.

b. It contains an <u>action verb</u> describing observable, measurable behavior.

c. The <u>trainee</u> is the stated subject of the sentence.

GROUP EXERCISE PART THREE

Formulate objectives for the four subtasks identified in the task analysis exercise.

---

4. **TRAINING CONTENT AND METHODOLOGY**

SESSION FIVE: ONE AND ONE HALF HOURS

This session will be used to highlight factors to be considered in the selection of content and training methodology. A range of training methods will be mentioned but only a few selected ones considered to be relevant for CBD training will be discussed in detail.

OBJECTIVES OF TRAINING CONTENT AND METHODOLOGY:

By the end of the session, participants should be able to...

1. Describe factors to consider in selecting content for a given training activity with particular reference to FP CBD training.

2. Describe distinctive characteristics of adult learning.

3. Describe selected adult learning methodologies and their suitability for training CBD programme personnel.

a. Discuss factors of content selection. Question/Answer.

b. Group Exercise

GROUP EXERCISE PART FOUR

In this ten minute exercise participants work in groups to:

> Develop and write down content for the two objectives stated in response to part three of this exercise.

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c. Participants present group work for discussion and synthesis.

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5. TRAINING AIDS/EVALUATION

SESSION SIX: ONE AND ONE HALF HOURS

These sessions will be devoted to:

    • Exposing the participants to the range of training aids available and the suitability of each group of aids for various training purposes.

    • A checklist of training course preparatory, implementation, and evaluation activities that need to be planned for.

    • Types of training evaluation.

OBJECTIVES OF TRAINING AIDS/EVALUATION:

By the end of the session, participants should be able to...

1.   Identify relevant material for use in training identified categories of CBD programme personnel.

2.   Outline and describe training course preparatory implementation and evaluation activities.

3.   Describe the process of evaluation of training and develop simple instruments for evaluating training of identified CBD program personnel.

a. Discuss the types of teaching aids available. Discussion will be focussed on a one page paper entitled "Matching Techniques to Direct Behavioral Outcomes."

GROUP EXERCISE PART FIVE

In work groups:

Indicate materials and training methods you would employ to conduct training covering content areas identified in the previous part of the exercise.

b. Workshop checklist.

c. Lecture/Discussion on various stages/types of training evaluation.

d. Discuss "CBD Training Programme Final Evaluation."

GROUP EXERCISE PART SIX

In groups:

Write a statement of how you would evaluate the training session covering the identified content.

MATCHING TECHNIQUES TO DESIRED BEHAVIORAL OUTCOMES

Type of Behavioral Outcome	Most Appropriate Techniques
KNOWLEDGE (Generalization about experience; internalization of information)	Lecture, television, debate, dialogue, interview, symposium, panel, group interview, colloquy, motion picture, slide film, recording, book-based discussion, reading.
UNDERSTANDING (Application of information and generalizations)	Audience participation, demonstration, motion picture, dramatization, socratic discussion, case discussion, critical incident process, case method, games.
SKILLS (Incorporation of new ways of performing through practice)	Role playing, in-basket exercises, games, action mazes, participative cases, T-Group, nonverbal exercises, drill, coaching.
ATTITUDES (Adoption of new feelings through experiencing greater success with them than with old)	Experience-sharing discussion, group-centered discussion, role playing, critical incident process, case method, games, participative cases, T-Group, nonverbal exercises.
VALUES (The adoption and priority arrangement of beliefs)	Television, lecture (sermon), debate, dialogue, symposium, colloquy, motion picture, dramatization, guided discussion, experience-sharing discussion, role playing, critical incident process, games, T-Group.
INTERESTS (Satisfying exposure to new activities)	Television, demonstration, motion picture, slide film, dramatization, experience-sharing discussion, exhibits, trips, nonverbal exercises.

WORKSHOP CHECKLIST

PREPARATION TASKS

_____ Select dates for training workshop

_____ Get necessary approvals

_____ Organize workshop files

_____ Reserve training space

_____ Make tentative lodging arrangements

_____ Arrange programme agenda

_____ Identify resource persons and special guests

_____ Arrange for logistical support

_____ Send invitations to resource persons, special guests

_____ Send confirmation letter to participants with program summary and arrangements information

_____ Finalize lodging arrangements

_____ Make arrangements for meals and refreshments for breaks

_____ Order and prepare certificates

_____ Arrange transportation to airport, bus pickups, field trips

_____ Order materials and supplies such as flip charts, markers, masking tape, transparencies

_____ Arrange for equipment by reviewing session content to identify what is needed and when it is needed. This includes projectors, models, posters, video equipment, etc.

_____ Prepare trainer material and handouts

_____ Plan and organize opening ceremony

_____ Arrange for press coverage, as appropriate

_____ Plan and reserve space, transport for food for special events

_____ Make room arrangements, including large conference room with adequate seating, smaller rooms for group work, adequate ventilation/ heating or air condition or available, lighting, etc.

_____ Arrange for daily room clean-up

_____ Prepare orientation packet with information on the area and the training site

_____ Prepare participant folder; name tags, welcome letter, program schedule, participant list, pens and paper

_____ Make sure evaluation forms are prepared

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DURING THE PROGRAM

____ Make sure that all equipment is available and working before needed

____ Monitor expenses in relation to established budget

____ Prepare participant address list

____ Assist participant with departure arrangements

____ Arrange for daily administrative secretarial help, if necessary

____ Optional: Arrange for group photo

AFTER THE PROGRAM

____ Meet with staff to discuss problems and successes and give general feedback

____ Send thank-you letters to all those who helped with the program

____ Complete or update manuals for trainers

____ Tabulate evaluation results

____ Draft, edit, and reproduce final report and recommendations

CBD TRAINING PROGRAMME FINAL EVALUATION

A. EDUCATIONAL ASPECTS

Please evaluate each of the following aspects of the training program by circling a number on the scale below.

	Excellent	Very Good	Good	Fair	Unsatisfactory
Achievement of workshop goals	5	4	3	2	1
Achievement of my personal goals	5	4	3	2	1
Relevance of content for my job situation	5	4	3	2	1
Effectiveness of training methodology and techniques	5	4	3	2	1
Organization of program	5	4	3	2	1
Usefulness of program materials	5	4	3	2	1
Effectiveness of trainers	5	4	3	2	1

2. The length of the program was:

_____ Too Long   _____ Too Short   _____ Just Right

3. Please prioritize the **Training (week #1)** sessions that will be the <u>most</u> relevant to your work as a CBD Agent. (List the most relevant first).

4. Please prioritize the **Training (week #2)** sessions that will be the <u>least</u> relevant to your work as a CBD Agent. (List the most relevant first).

5. Please prioritize the **CBD Manual (week #2)** sessions that will be the <u>most</u> relevant to your work as a CBD Agent. (List the most relevant first)

6. Please prioritize the **CBD Manual (week #2)** sessions that will be the <u>least</u> relevant to your work as a CBD Agent. (List the most relevant first).

7. On which topics would you have preferred to spend more time?

8. Which additional topics would you like to have included in the program?

B. ADMINISTRATIVE ASPECTS

Please evaluate each of the following aspects of the program by circling a number on the scale below.

	EXCELLENT	VERY GOOD	GOOD	FAIR	UNSATISFACTORY
Food Provided	5	4	3	2	1
Training room	5	4	3	2	1
Administrative support	5	4	3	2	1
Transportation	5	4	3	2	1

Comments or suggestions:

from The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs, edited by James A. Wolff, Linda J. Suttenfield, Suzanna C. Binzen. West Hartford, Conn.: Kumarian Press, Inc. 1991

CBD SERVICE DELIVERY SRATEGIES

TRAINER'S GUIDE

TIME: **ONE SESSION**
                                                          ONE AND ONE HALF HOURS

This session will draw on participant experiences in reference to the matrix of issues in CBD and program components. The session should be conducted in conjunction with the Clinic Linkages session.

OBJECTIVES:

By the end of the sessions, participants should be able to..

1.   List the range of service delivery options

2.   Discuss the determinants and consequences of service delivery options

3.   Compare the advantages and disadvantages of service delivery options

READINGS MATERIAL:

Participants should review the Population Report assigned for the Introduction to CBD session.

OVERVIEW OF THE SESSION:

1.   BRAINSTORM. Generate ideas about the range of available options for service delivery. (Who can provide service? What kind of services? Where can they be provided? When can they be provided? etc.)

2.   DISCUSSION: Discuss the determinants and consequences of service delivery options. What are the design implications? (refer to matrix).

3.   COMPARE the advantages and disadvantages of different service delivery options. What is the advantage of having one type of agent? Disadvantage? What is the advantage of limiting services available?

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┌─────────────────────────────────────────────────────────────┐
│                                                               │
│   DISCUSSION GUIDE                                            │
│                                                               │
└─────────────────────────────────────────────────────────────┘
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Conduct a BRAINSTORM on the following questions concerning service delivery options. Write ideas on a flip chart. Examples might include:

WHO? Who is to provide services - the CBD agents. What types of agents are used? What is the selection criteria? Should there be only one type or category of agent per project? The type of CBD agent can vary with the community. Some may choose the teachers, other may choose restaurant workers or market traders. In your program will you have one category or more than one category of workers?

WHAT? What service is provided by the program? Family planning, IEC, health interventions (Reproductive health: post partum care, STD treatment, HIV prevention. Child health: vit A, ORT, growth monitoring. Family health).

WHERE? Where in the community will the project take place? In the home, market, health post, churches, community center, at clients home or place of work, shops.

WHEN? During free time, during certain hours (limited), full time service availability.

WHY? A reminder of the objective of CBD. Availability, accessibility, quality of service.

HOW? Determined by design decisions. How are the services provided given the options above? Client may come to home of the CBD agent. The agents will make a map of the community, identify couples, gather information on need, etc, and systematically visits potential clients homes.

TO WHOM? A reminder of the objective of CBD.

START? Start with a small pilot project or a big program?

Ask one or two participants to identify who, what, when, where, etc.. of their CBD program.

Discuss briefly some design options (static/mobile, passive/ aggressive, single/ multi-purpose, including those not found in the reading material: for example, leaving a box of condoms near the time clock in factories, condoms in restrooms, pilot project approach etc..

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2.   Discuss the determinants and consequences of service delivery options.

<u>Suggestion</u>: Refer to matrix of Issues in CBD programs and Program Components. Discuss the design implications of a particular service delivery option chosen. For example, increasing management, training and supervision burden in more complex projects.

3.   Compare the advantages and disadvantages of service delivery options.

<u>Suggestion</u>: Elicit discussion on advantages and disadvantages of service delivery options. For example: What is the advantage of having one type of agent? Disadvantage? What is the advantage of limiting services available?

insert strategies chart

CLINIC LINKAGES

TRAINER'S GUIDE

TIME: **ONE SESSION: ONE AND ONE HALF HOURS**

This session will briefly provide a forum for participants to share experiences concerning clinic linkages to gain a broader understanding of the range of alternative methods of clinic back-up. The session should be conducted in conjunction with the Service Delivery Strategies session.

OBJECTIVES:

By the end of the session, participants should be able to...

1.   List the reasons for clinic linkages

2.   Identify the range of linkages

3.   Compare and contrast advantages and disadvantages of different linkages

4.   Identify other "programmatic" linkages

CONDUCT OF THE SESSION

1. BRAINSTORM: Generate a list of reasons for clinic linkages.

2. DISCUSSION: Identify the range of linkages. Compare and contrast advantages and disadvantages of different linkages. Identify other "programmatic" linkages.

1.	**BRAINSTORM**

Use the space below to record ideas generated in class concerning reason for clinic links.

(responses might include referrel for clinical method, complication/side effect, further information desired, contraindication present, referrel for treatment of illness, HIV/AIDS test, generate involvement and support of clinic staff, agent education/staff development, resupply of contraceptives to agent, training, etc.)

2.	DISCUSSION GUIDE

What kinds of linkages are available?

What are the advantages and disadvantages of these linkages in terms of logistics, training, and other design options?

What are the attitudes of clinic staff towards CBD agents?

What techniques can be used to involve the clinic staff community in the CBD program?

In general, why are clinical linkages necessary?

What are some alternatives to traditional clinic linkages?

What are the quality of care implications if there is poor clinic linkage?

How are clinics used in the case of problem clients?

What are implications for clinic referral/links concerning HIV/AIDS?

QUALITY OF CARE

TRAINER'S GUIDE

TIME: **TWO SESSIONS, TOTAL THREE HOURS**

These sessions are designed to introduce participants to the issues of quality of care and to one of the frameworks that have been recently developed to measure QC. It is designed to encourage participants to start thinking about QC and how they can evaluate and improve QC in their programs.

OBJECTIVES:

By the end of the sessions, participants should be able to ...

1.   Name and briefly discuss the six **elements** of the Bruce Framework of quality of care

2.   Identify examples of **standards** for the quality issues in CBD programs

3.   Identify appropriate and feasible **mechanisms** for maintaining these standards.

READING MATERIAL:

Participants should read:

Bruce, Judith. "Fundamental Elements of the Quality of Care: A Simple Framework," 1990. Studies in Family Planning 21, 2:61-91.

Katy, Karen; Hardee, Karen; and Villinski, Michele, "Quality of Care in Family Planning: A Catalog of Assessment and Improvement Tools," 1993. Family Health International.

SESSION OVERVIEW

1. ELEMENTS

   Brainstorm a list of issues or elements of quality of service provided by a CBD program.

   Discuss each of the elements generated in the brainstorm in terms of the Bruce Framework making clarification and additions where necessary.

2. STANDARDS

   Discuss possible standards for quality of care elements using the experience of participants in their CBD programs.

3. MECHANISMS

   Continue the discussion using the standards generated to elicit mechanisms that could be used to assure that the standards are being maintained in a CBD program.

---

1. ELEMENTS: BRAINSTORM: **THE BRUCE FRAMEWORK**

Brainstorm a list of issues or elements of quality of service provided by a CBD programs using the experience of participants in their CBD programs.

Now discuss each of the elements outlined in the Bruce Framework. Trainer should read and be familiar with this framework.

1.   **Choice of Method**.
2.   **Information**.
3.   **Technical Competence**.
4.   **Interpersonal Relationships**.
5.   **Mechanisms to Encourage Continuity**.
6.   **Constellation of Services**.

---

2.   STANDARDS: Discuss possible standards for quality of care elements using the experience of participants in their CBD programs.

Some examples of standards might include:

- Agent makes timely and appropriate referrals
- Agent can competently screen clients for contraindications
- Clinical back-up is available
- Full information is made available to clients
- CBD agent has a wide range of methods to offer clients
- CBD agent can successfully advise client on course of action for missed pill

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3.　　MECHANISMS: Continue the discussion using the standards generated to elicit mechanisms that could be used to assure that the standards are being maintained in a CBD program.

Some examples of mechanisms for maintaining standards might include:

       Supervision
       Checklists
       MIS
       Interviewing clients
       Monitoring
       Observing CBD agents at work
       Group record review at meetings

---

4.   GROUP EXERCISE (time permitting)

Participants work in small work groups on the following exercise.

Choose two hypothetical standards that might be set for a CBD program. Participants should determine several mechanisms for the assurance of quality of the two standards. An example is given below.

Example 1:

STANDARD 1: CBD agent can properly use a checklist for screening pill clients.

MECHANISMS: participants must think of appropriate mechanisms that could be used to assure that the agent can properly use a checklist. Their answers might include: direct observation of agent screening client, a role play with supervisor acting as a potential pill client, determining from clinic staff, the percentage of clients appropriately given the pill by the agent at the time of their pelvic examination.

Example 2:

STANDARD 2: Agent can successfully advise client on the course of action for a missed pill.

MECHANISMS: Participant answers might include: interviewing clients on information they received regarding missed pills, role play with supervisor, direct observation of agent advising client.

Example 3:

STANDARD 3: Client can choose from a wide variety of contraceptives.

MECHANISMS: Participant answers might include: determining the number and variety of contraceptives that are ordered and distributed, asking clients if they were given a choice of methods, checking records for a concentration of one particular method in an area, direct observation of agent advising a new client.

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CONTRACEPTIVE TECHNOLOGY

TRAINER'S GUIDE

TIME: **TWO SESSIONS: TOTAL THREE HOURS**

These two sessions should be devoted to bringing participants up-to-date on contraceptive methods and mechanisms. The decision to conduct this module should be based on the needs of the participants. For a group with clinical background it may not be necessary at all and for a group with no clinical background, it may be wise to leave the subject for a full contraceptive technology course or workshop.

The topic may also be treated as a supplemental evening or weekend session in the form of a film or lecture.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1.   Describe the various types of contraceptives

2.   Describe the mechanisms of action of these contraceptives

3.   Describe the basis of contraceptives in both males and females

PREPARING FOR THE SESSION

Audio Visuals:

Reading materials, videos, and posters are widely available and some effort should be made to gather some up-to-date material. (Posters can be had from USAID. IPPF should have videos and other material).

Samples:

Samples of all contraceptives must be available for the presentation including new/experimental methods..

SESSION OVERVIEW:

The presenter should cover, but is not limited to the topics outlined below:

- **!** Anatomy/Physiology of male and female reproductive systems

- **!** Natural Family Planning Methods and their mechanisms

- **!** Artificial Contraceptive Methods and their mechanisms

    - **!** Barrier
    - **!** Hormonal
    - **!** Mechanical/Chemical
    - **!** Permanent

- **!** Side Effects, Advantages, Disadvantages of methods

- **!** Contraceptive samples should be presented as well.

LOGISTICS

TRAINER'S GUIDE

TIME: **TWO SESSIONS, TOTAL THREE HOURS**

These sessions cover a variety of topics related to logistical management:
logistics cycle, pipeline, warehousing, forecasting and inventory control, and
proper storage. There are several exercises included as well. Depending on the
time available, some topics may be treated in more detail than others. Participants
should refer freely to the contents of the reference materials included in this
section.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1.   Explain the functioning of an effective logistics system for a CBD program

2.   Forecast contraceptive requirements for a CBD program

3.   Describe appropriate storage conditions, inventory control and distribution
       systems for CBD programs

4.   Design, implement and operate effective systems and procedures for monitoring
       contraceptive use for CBD programs

5.   Discuss strategies for solving transport problems specific to CBD programs

READING MATERIAL:

 Participants should read:

       Owens, Richard C., Jr. "Concepts of Logistics System Design," Family Planning
       Logistics Management Project, John Snow Inc., Arlington, VA, 1989

       Wolff, J., et. al., The Family Planning Manager's Handbook, "Getting
       Contraceptives to the Client." Ch.8, pp. 239-277

AUDIO VISUALS:

Prepare transparencies:

- **!** What is a Contraceptive Logistic System?
- **!** Purpose of a Logistics System
- **!** Benefits of a Well-Managed Pipeline
- **!** The Logistics Cycle

SESSION OVERVIEW:

Conduct an interactive lecture which could include but is not limited to the points below. Refer to the paper "Concepts of Logistics System Design" by Richard C. Owens, Jr. for a more detailed analysis of the material.

1. Purpose of a Logistics System/ The Logistic Cycle

    a)   The **right goods**
              In the **right** quantities
              In the **right** condition
              To the **right** place
              At the **right** time
              For the **right** cost

    b) - SELECT - FORECAST - DISTRIBUTE - USE -

2. Common Logistical Problems

    a) Oversupply
    b) Expired Stock
    c) Damaged Stock
    d) Stock Records disagree with physical inventory
    e) Stock-Out

3. Forecasting/Inventory Control

4. Storage

    Requirements
            - Warehouse conditions
            - First to expire - first out

**WHAT IS A CONTRACEPTIVE
LOGISTIC SYSTEM?**

**it is the management science of moving large amounts
of supplies according to schedule to a large
number of outlets (SDPs) located in different places.**

PURPOSE OF A LOGISTICS SYSTEM

THE **RIGHT** GOODS

IN THE **RIGHT** QUANTITIES

IN THE **RIGHT** CONDITION

TO THE **RIGHT** PLACE

AT THE **RIGHT** TIME

FOR THE **RIGHT** COST

BENEFITS OF A WELL-MANAGED PIPELINE

Protects against uncertainty. It absorbs fluctuations of supply and demand acting as a safety factor between manufacturer and user.

Forecasting of contraceptives is facilitated with a more even flow of commodities

Permits bulk procurement and manufacturing -- unit prices are lower when large quantities are ordered.

Minimized lead time by making estimates for needs well in advance.

Increased transportation efficiency -- the cost of transport rises if it is not performed systematically -- stockouts and emergency shipments create increases in transport costs.

insert the logistics cycle

SUPERVISION

TRAINER'S GUIDE

TIME: **FOUR SESSIONS: TOTAL SIX HOURS**

The sessions will draw heavily on the background reading documents and participants experiences.

The major methods to be employed will be group discussion, study, and lecture/discussion.

OBJECTIVES:

By the end of the four sessions, participants should be able to ...

1.   Explain the purpose and scope of supervision in CBD programs.

2.   Describe different steps and types of supervision planning including development of supervision tools.

3.   Describe the process of conducting supervision.

4.   Identify various aspects of work performance for supervision in a CBD program.

5.   Identify the qualities of a good CBD supervisor.

READING MATERIAL:

Participants should read in advance:

The case "Royalton Supervision Meeting" found in Wolf, et, al., <u>Beyond the Clinic Walls</u>, Case Studies in Community Based Distribution. Kumarian Press, 1990.

Wolff, J. et. al., <u>The Family Planning Managers Handbook</u>, Pages 115-156.

SESSION OVERVIEW:

1.   GROUP WORK: In your small work groups develop "solutions" based on study questions in the case study "Royalton Supervision Meeting."

2.   PRESENTATION OF GROUP WORK: Presentation and discussion of small group solutions

3.   INTERACTIVE LECTURE/DISCUSSION: The next sessions will cover the supervision topics contained in the lecture outline below. A detailed lecture guide is also included in your manuals.

            a. What and why supervision
                        •   Objectives
                        •   Supervision and CBD
            b. What the Supervisor needs to know
            c. Types of supervision
                        •   Administrative
                        •   Technical
            d. Planning supervision
                        •   Broad Plan in project
                        •   Long term Plan (supervision schedule)
                        •   Planning a single visit
            e. Conducting supervision
                        •   Observation
                        •   Intervention
                        •   Discussion with community
            f. Styles of supervision
                        •   Autocratic
                        •   Laissez-Faire
                        •   Democratic
            g. Tips for a Supervisor: Do's, Don'ts
            h. How to improve staff motivation
            i. Providing effective feedback
            j. Reporting on supervision
            k. Qualities of a supervisor

4.   EXERCISE ON DEVELOPING CHECKLISTS: Using the blank checklist form found in the supervision lecture guide, develop a supervision checklist for a CBD program on counselling a client on how to use a condom.

5.   ROLE PLAY: If time allows participants will act out a short role play reflecting different styles of supervision.

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1. **GROUP WORK: ROYLATON SUPERVISION**

In your small work groups develop "solutions" based on study questions in the case study "Royalton Supervision Meeting."

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2. **PRESENT GROUP WORK**

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3. **INTERACTIVE LECTURE DISCUSSION: SUPERVISION**

A.   **WHAT AND WHY SUPERVISION**

The objectives of the supervision of personnel performance are to:

- Assist the worker to improve his performance.

- Identify the worker's problems and solve some of them on the spot if possible.

- Follow-up on decisions reached during the last supervision visit.

- Identify training needs of the supervisee.

- Bring materials and new information that will facilitate the work of the supervisee.

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- Maintain and reinforce the program in the community.

Supervision is central to any organization but it is particularly important in community based distribution programs. The CBD agents require help because:

- They may have limited training experience in the technical aspects of their work.

- They may not know how to work in the community effectively.

- They may be deficient in accounting and financial procedures.

- They are working in isolation with little contact with the rest of the program.

- Their remuneration is often minimal or sporadic.

B. **WHAT THE SUPERVISOR NEEDS TO KNOW IN ORDER TO DO HIS WORK PROPERLY**

- Know thoroughly the work the supervisee is supposed to do.

- The above in turn requires a thorough knowledge of the supervisee's job description.

- Knowledge of organisational or programme focus, goals and objectives.

- Knowledge of supervisee's personality factors e.g. temperament, human relations, level of commitment, trustworth and dependability.

- Supervisor should be technically competent in the area in which he will supervise.

- Knowledge of the supervisee's implementation plan.

- Knowledge of salient issues from last supervision report or reports.

- Set procedures for performing certain technical tasks.

- Expected standards of performance (criteria) on different tasks.

- Community traditions, culture, norms and political leadership structure.

- Physical environment.

- Infrastructure.

C. **TYPES OF SUPERVISION**

Supervision can be administrative or technical:

(a) **Administrative Supervision**: This mainly entails monitoring and is concerned with checking on the progress of activities and the utilization of resources.

(b) **Technical Supervision**: This requires supervision of a given task, observing whether the set procedures are being followed and expected standards are being met. A supervisor, in this case, can supervise the worker on one task at a time. The supervisor himself should be technically competent and there must be procedure and standard manuals with which the worker has been trained and is familiar.

In a CBD Family Planning programme issues that require **technical supervision** include the following:-

(a) Family Planning

- Information giving and counselling;
- Instructions for using methods;
- Screening for appropriate use;
- Referral for complications and side effects.

(b) Technical supervision of any other interventions linked to family planning eg. STDs, PHC

(c) Management of information system including:

- Recording
- Types of records
- Timing, accuracy and relevancy

D.   **PLANNING SUPERVISION**

Supervision can be planned at three levels which result in three types of supervision plans one of which flows from the other: a) Broad plan in project document, b) Longterm plan, ie. supervision schedule, and c) a single supervisory visit.

(i)   **Broad Plan in Project Document** : This is a short broad plan incorporated in the project document during planning. This plan:

- Identifies the **levels** at which supervision will be done.

- States **who** will be supervising who and how often (frequency).

- States in broad terms the **purpose** of supervision at each level.

- States broadly what **aspects of performance** workers will be supervised on.

Such a plan could be as short as one page or even less. To address the above issues the project developer should have a clear idea of what the organizational structure of the project being proposed is going to be and how it will link up with other units in a broader organization. Example of CBD Project Organizational Chart is attached.

(ii)   **Long Term Plan - Supervision Schedule** :This is a supervision plan which could be planned for three months or even six months of use. It is a schedule or timetable for supervision.

Components

This schedule contains three major components, namely:

- **Areas** (geographical or physical) of supervision.

- **Aspects** of the programme on which the programme will be based, e.g. community health service activities, curative services, heatlh committee meetings, general, etc.

- **Date** or dates for visiting each area.

Example of a Supervision Schedule: Participants worked in two groups and each group was charged with drawing up a six months supervision schedule for one of its group members.

insert "six months supervision schedule-example"

Factors to Consider and Pre-Activities to Undertake

- The supervisor should review his timetable of commitments on other activities.

- He should study the timetables of activities of personnel to be supervised in various areas.

- Supervisor should review previous records including:

    - Supervisors' past reports

    - Components

    - The supervisee's previous reports

    - Reports on training given to supervisees

- Supervisor should also take note of national holidays and days alloted for specific community functions and predictable social events e.g. market days.

(iii)   **Planning a Single Visit**: This entails making a plan for a single visit to a single area on a given date indicated in the long term supervision plan or schedule. In making such a plan one goes through four steps:

Collect Information From Various Sources Including:

- Previous report of supervisee (may not be active in CBD).

- Supervisor's last supervision visit report.

- Job description of supervisee.

- CBD Agent performance data.

Analyse Information: This will lead to identification of various issues including:

- Problem areas where supervisee might require assistance. (This enables supervisor to make necessary preparations e.g. getting appropriate knowledge, equipment or consultation with

higher authorities).

- Areas of work to focus on e.g. referrals, counselling clients, etc.

- Local targets set or standards set for one particular area.

- Duties as per job description.

- Procedures - if she is following necessary procedures in any one activity e.g. screening for pills.

- Levels of supplies i.e how much was given last, how much was used, what is remaining and how much therefore is needed. (This is in case the supervisor is supposed to provide the supplies).

Set Objectives for the visit: The information above helps one get the possible objectives of the visit e.g.

- check the extent to which targets are being met;

- check on how agent or worker is doing with her problems detected during last visit;

- educate worker;

- check procedures of ordering and distribution of contraceptives;

- check or ascertain the extent to which agent has mastered procedure introduced to her during last visit and observe agent counselling clients etc.

The objective will be selected according to the gravity of the situation depending on issues identified from information analysis. This will also determine the duration of the supervision visit and the resources needed e.g. supplies and educational materials. There may also be some activities with monetary implications so the budget may come in.

Prepare Supervision Instruments

<u>Checklist:</u>

In technical supervision, all the procedures for any one activity e.g. screening for pills, should be written down. One may then put a key or scale on which to rate or score according to practitioner's performance. Checklists should be reviewed together with the supervisee, giving the the supervisee an opportunity to discuss difficulties and possible solutions. A 1 - 5 point scale could be used to indicate level of supervisee's performance for each step in the procedure. Example of a checklist and of the scale is shown on the following page.

DEMONSTRATING TO A CLIENT OR CLASS HOW TO USE A CONDOM

STEP OR PROCEDURE TO OBSERVE	1	2	3	4	5	COMMENTS

EXAMPLES OF TECHNICAL SUPERVISION CHECKLIST KEY (INSTRUMENT)

Score 1   -   Procedure not done at all

Score 2   -   Procedure done but in wrong order

Score 3   -   Procedure done in right order but not satisfactory

Score 4   -   Procedure done in right order fairly satisfactory

Score 5 - Procedure done as required

E.   **CONDUCTING SUPERVISION**

Once the supervision visit plan is finalised, the supervisor undertakes the visit to conduct supervision.

Different methods can be used either singly or in combination to conduct supervision. The major ones include:

i.   **Observation**: An art of collecting information about supervisee's performance by observing what he is doing, and observing the nature of his immediate work environment.

ii.   **Intervention**: A face to face interaction between supervisor and supervisee to have a discussion about selected issues pertaining to the worker's performance. It is normally conducted at the end of the visit. Major steps in conducting such interview include:

- climate setting

- information gathering

- analysis and interpretation of information

- assisting the supervisee to solve the problem if possible.

iii.   **Discussion with the Community**: Discussion with the community is another method of supervision. This is particularly important if the community is itself involved in handling certain implementation and supervision tasks. Such a discussion would normally take place in a community meeting setting. In such discussions the role of a supervisor is to act as a facilitator to initiate the meeting, guide the members, and clarify issues. He also evaluates proceedings and analyses them in order to help the community make decisions.

F.   **STYLES OF SUPERVISION**

(i)   **Autocratic Style**: Do what I want. The supervisee's views are totally ignored. Supervisor acts as "Know-It-All," and is rude and harsh.

(ii)   **Laissez Faire**: Do as you like. The supervisee is given all the freedom and any decisions and actions the supervisee takes are accepted. This lack of

guidance leads to confusion. This style is also called "Anarchic".

(iii)   **Democratic Style**: Let us discuss and agree on what to do. This style is systematic and enhances mutual respect, rapport, encouragement, and discussion and agreement on issues.

The first two are extremes. Using either of them, exclusively, yields no good results for the supervisor, the supervisee, or for the programme. The democratic style is recommended. However, elements from each style can be employed in combination depending on the situation at hand.

Factors that determine the nature of combination and elements therein can be:

Job-related
- complexity of the job
- the need for a quick decision
- the need for consistent results
- the need for creative work (new ideas)

Personal factors including - the skills, reliability, experience, willingness to accept responsibility on the part of the worker being supervised.

G.   **TIPS FOR A SUPERVISOR**

HOW TO IMPROVE THE WORK ENVIRONMENT:

- Give sufficient instructions (complete and specific).
- Explain targets, deadlines, and dates for activities in advance.
- Admit your own mistakes.
   - Support your subordinates.
   - Delegate responsibility appropriately.
- Trust your staff members.
- Recognize merit when it is warranted.
- Supply employees with adequate materials, equipment, and support.
   - Give employees the opportunity to participate and to use their own initiative.
   - Deal with problems in an honest and straightforward manner.
   - Give real reasons for problems or decisions.
   - Make an attempt to see the employee's point of view.

MAKE SURE THAT YOU DON'T

- Scold an employee in the presence of others.
- Show favoritsm toward certain employees.

- Blame an employee for your own mistakes.
- Intrude in the personal matters of employees.
- Provide excessive supervision by being too vigilant, checking even unimportant details.
- Gossip amongst employees.
- React negatively to employees' ideas.

H.   **HOW TO IMPROVE STAFF MOTIVATION**

- Give praise and appreciation often and, when possible, publicly.

- Provide explanations and reminders of the value of an employee's work.

- Provide the staff with symbols of the importance and/or official nature of their jobs: uniforms, hats, pins, carrying bags with the program logo, signs for their home or post, diplomas from training courses, prizes, etc.

- Give prompt attention to the obstacles that staff face in their work that are beyond their control.

- Direct attention during a supervisory meeting or visit to the details of the staff person's job (thus communicating that these details are important).

- Seek the opinion of the staff on all matters related to their work. This includes asking for their insights into the problems they are facing and their suggestions for possible solutions.

- Suggest opportunities for advancement.

- Provide regular opportunities for refresher training and upgrading of skills, particularly if travel is involved.

I. **PROVIDING EFFECTIVE FEEDBACK**

Feedback means communicating to the staff your reaction regarding their work performance. Your feedback lets the employees know what they are doing well, where they need improvement, and how they can improve.

In order to make sure your feedback is effective, your comments should be:

- **Task-related.** Your comments should be related to the actual tasks carried out by the staff and should be based on your own observations of how these are done.

- **Prompt.** Give feedback after your observations of employees' work and your conversation with them and in the presence of other staff members who are involved. The longer the delay, the weaker the effect of the feedback.

- **Action-oriented.** Your comments should relate to improvements that employees can make through their own efforts.

- **Motivating**. Start with positive feedback, then progress to what needs improvement.

- **Constructive.** Discuss with the staff how they can improve their performance, taking care to emphasize that their work has value.

  In reality, feedback takes place almost continuously during on-site supervision or during a supervisory visit.

J. **REPORTING ON SUPERVISION**

A good supervisor should prepare a report on each of his supervision visits in each area and a comprehensive report at the end of the month or quarter to reflect a total picture of the state of affairs in his area of jurisdiction. The contents of the report will vary from area and from reporting period to another depending on the findings.

The format of the report should be determined by the organisation in consultation with the supervisors on the basis of a clear understanding of what type of information is

required for what purpose at various levels of the organisation/program. For the supervisor these reports are used for informing the higher authorities what the situation in the field is like and as basis for planning subsequent supervision visits. For the management staff at the project headquarters, supervisor's report constitutes an important source and component of the management information system.

K. **QUALITIES OF A GOOD SUPERVISOR**: In view of all the above roles and responsibilities a supervisor must, among other things:

- Honestly want to do the job.
- Have a record of success.
- Have ability to grow.
- Be able to fit in the organisation.
- Have management training before being appointed.
- Know exactly what is expected of him.
- Have initiative
- Be given the authority and trust needed to function properly
- Have leadership qualities.
- Have enough technical knowledge to protect him from being in a fix.

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4. **EXERCISE ON DEVELOPING CHECKLISTS**

Using the blank checklist form found in the supervision lecture guide, develop a supervision CBD program checklist on counselling a client regarding use of a condom.

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5. **ROLE PLAY**

If time allows, participants can act out a short role play reflecting different styles of supervision.

MANAGEMENT INFORMATION SYSTEM

TRAINER'S GUIDE

TIME: **FOUR SESSIONS, TOTAL SIX HOURS**

These sessions are designed to introduce participants to the basic principles of MIS and the function and importance of MIS in managing CBD programs. The discussion of indicators and types of information collected is an important part of these sessions.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1. Understand basic principles of information systems

2. Design a basic integrated information system

3. Utilize data to monitor performance, assess impact, manage operations, and present results to others

4. Be able to identify MIS needs and express these needs to MIS design specialists.

READING MATERIAL:

Lewis, Gary, "Management Information Systems: The Ideal Design", Center for Population and Family Health and The National Family Planning Coordinating Board (BKKBN), International Symposium on Management Information Systems in Primary Health Care. Jakarta, Indonesia, June 26, 1986.

Wolff, James, et. al. The Family Planning Manager's Handbook, Chapter 7, Management Sciences for Health, Boston, 1991.

AUDIO-VISUALS:

Prepare transparency of "Information Flow in MIS" (attached). Flipchart and markers will be needed for the brainstorm and notes during lecture.

SESSION OVERVIEW

1. **LECTURE:** A lecture/discussion will be given covering the points below. A detailed lecture guide is also included.

    I.   Define MIS

    II. What are the characteristics of a MIS

    III.   The structure of a MIS

    IV.   Information flow in a MIS

2. **BRAINSTORM**: Generate a list of information that is commonly collected in CBD projects.

3. **DISCUSSION**: Discuss the information and indicators generated above include service statistics (process and impact indicators), administrative data, and collecting information for target purposes (monitoring targets, achievement targets, planning targets).

4. **EXERCISE:** Conduct exercise "MIS for a CBD Program."

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| |
| 1.   **LECTURE GUIDE** |
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I. **DEFINE MIS**

MIS: Discuss the components

MANAGEMENT: Decision making

INFORMATION: Information—data, reports, etc..

SYSTEM: Planned, logical flow, regular

MIS: The systematic use of information for decision making. or Systematic (planned, logical flow) informed decision making.

- If one makes decisions without information, is it MIS? No!
- If one uses information to make a decision but not in a systematic way, is this MIS? No!
- If one collects information systematically without making decisions, is this MIS? No!

II. **WHAT ARE THE CHARACTERISTICS OF AN MIS?**

A. It is Regular and On-going. Is an evaluation done at the end of a project considered an MIS? No! It isn't regular and on-going. If periodic supervision visits are made to the field, is this an MIS? No! it is not regular enough. In a clinic, reports are filled out for every client, is this MIS? It may be, it is on-going, but it must be looked at regularly. Don't confuse a service statistic system (reporting system) with an MIS.

B. Operates at Multiple levels. Levels can include: CBD Agent level, Supervisor level, Area Manager level, Project level, etc. Movement of information between levels is a characteristic of MIS (ex. information from supervisor to project headquarters). The collection and review of information itself does not make an MIS unless it moves through levels. The levels are generally defined as those points in the management structure where decisions are made.

C. Feedback Mechanism. The information must move up through the structure and come back down as feedback. A formal planned structure for feedback is required. If there is no feedback, then it is just a service statistic system. Feedback can be a

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simple pat on the back or it can be a sophisticated report, etc..

D. <u>Timeliness</u>. When one needs the information, it is collected. Once a year probably isn't enough.   One needs the information when one needs to make decisions. Monthly decision making—logistics, contraceptive supplies.   Quarterly decision making—financial processing. Yearly decision making—budget allocation. If it's not timely, it may be outdated and therefore not useful in decision making.

III. **THE STRUCTURE OF MIS**

A. <u>Data Collection</u>. Standardized reporting times, formats and definitions for indicators. Also standardized reporting procedures.

B. <u>Data Processing</u>.   May take place at several levels—The CBD supervisor may compile and summarizes CBD agent data and reports it to the area manager, etc., all the way up.

C. <u>Analysis and Interpretation</u>. What does the information mean? Somebody must put it in a decision making context. This is where most FP organizations have difficulty. Skills required: background in quantitative skills (i.e., statistics, research, analysis, etc) and family planning, program/service delivery. (Very few people have both these qualifications).

D. <u>Feedback</u>.   The feedback may only be a pat on the back, or it could be more. Feedback procedures should be designed into the MIS.

IV. **INFORMATION FLOW IN A MIS**: The Feedback Loop

see chart

Is a computerized information system on MIS?
Are service statistics in an FP program on MIS?
Are Monitoring and Evaluation MIS?

2.	**BRAINSTORM**

Generate a list of information that is commonly collected in CBD projects.

+--+
| |
| 3.   **DISCUSSION** |
| |
+--+

Discuss the information and indicators generated above include service statistics (process and impact indicators), administrative data, and collecting information for target purposes (monitoring targets, achievement targets, planning targets).

POSSIBLE INDICATORS suggested by participants in the past with comments by facilitator:

Number of Home Visits: Measure of activity level. Biased in CBD programs that do distribution in public places, group meetings or use depot services.

Number of Visits: Measure of activity level. Too unspecific and confusing to be useful.

Number of Contacts: Measure of activity level. Useable by all types of CBD services. Does not provide any measure of quality, but is relatively unbiased.

Purpose of Visit/Contact: Allows differentiation of contacts by types, new acceptor, motivation, counselling, resupply, etc. Problematic to collect and analyze.

Number of Counselling Sessions: see above

Number of Referrals: Measures CBD program activity in support of clinical methods. Gross measure of level. Note difference between referral and effective referral.

Number of Dropouts: Attempts to measure levels of loss to service (often linked with continuing users), but problems of definition and collection make data of such poor quality as to be useless.

Number of Continuing Users: Attempts to measure case load, activity level and impact. Like dropouts it can be difficult to define and data collection is so difficult that it distracts from service delivery. Can only be effectively used in a closed service system.

Catchment Population: Used to provide a base for calculating impact as measured by prevalence. Useful but often difficult to collect. In urban areas populations constantly change. Also many CBD programs service clients from outside assigned CBD catchment areas, resulting in the possibility of serving "more clients" than are in the area

(prevalence = 107%)

Pills Distributed/Condoms Distributed/FT Distributed: Measure level of activity. One advantage of these measures is that they are easy to collect and easy to verify. They are usually collected to manage commodity flows (logistics). They can be used as a proxy indicator of impact by conversion to "couple years of protection".

New Acceptors: Measure of level of activity and can be used as a proxy indicator of impact. Problems with use are primarily definitional. What is a new acceptor? Can be used as a quality of use indicator when linked to other indicators.

CYP - a proxy indicator for continuous users
conversion factors:
   15 cycle of pills = 1 cyp
   150 condoms = 1 cyp
   150 foaming tablet = 1 cyp
   (even if condoms and fts are given out together, still count separate cyps).
   1 IUCD (copper) = 3.5 cyp
   1 NORPLANT® = 4.5 cyp
   1 Sterilization = 12.5 cyp
   4 Depo-Provera® = 1 cyp
   6 Noristerat = 1 cyp
   1 Yr breastfeeding = .25 cyp

For further discussion on CYP, refer to Garcia-Nunez, Improving Family Planning Evaluation, A Step-by-Step Guide for Managers and Evaluators.

4.	**MIS EXERCISE**

Purpose: To look at data (for budget, survey, service statistics) to give participants experience in identifying management information and identifying decisions to be made.

Work in groups on exercise "MIS for CBD Program."   Prepare answers on a transparency to present to the class.

MIS FOR A CBD PROGRAMME

For a proposed or existing CBD programme, identify the different operational levels of the project, types of information required to be collected, analysis and possible decisions to make, and reporting requirements including feedback. Record your information on the chart below.

MIS FOR A CBD PROGRAMME

Operational level/staff	Type of information to collect or required	Analysis of information and possible decisions to make	Reporting requirements including feedback

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EXAMPLE OF MIS EXERCISE FOR A CBD PROGRAMME

OPERATIONAL LEVEL/STAFF	TYPE OF INFORMATION TO COLLECT OR REQUIRED	ANALYSIS OF INFORMATION AND POSSIBLE DECISIONS TO MAKE	REPORTING REQUIREMENTS INCLUDING FEEDBACK
1. **CBD AGENT**	- NUMBER OF NEW ACCEPTORS MONTHLY REPORTS - MONTHLY FINANCE REPORTS - GROUP TALKS - HOME VISITS - REFERRALS - DROP-OUTS	- FOLLOW-UP CLIENTS REFERRED AND DROP-OUTS - CHECK NEW ACCEPTORS ON METHODS CHOSEN - WHICH ACTIVITY OR IEC SHOULD BE INTENSIFIED	- MONTHLY ACTIVITIES RPTS - MONTHLY FINANCIAL RPTS - FEEDBACK TO CLIENTS - THE REPORTS HERE GO TO CBD SUPERVISOR
2. **CBD SUPERVISOR**	- MONTHLY SERVICE DELIVERY AND IEC REPORTS OF THE CBD AGENTS - THE ATTITUDES AND FEELINGS OF THE COMMUNITY TOWARD FP - REPORTS FROM CLIENTS ON METHODS ACCEPTED	- PLAN FOR SUPERVISORY VISIT - POSSIBLE SOLUTIONS TO PROBLEM - DO A SURVEY ON AREAS NOT MEETING TARGET - IDENTIFY TRAINING NEEDS	- MONTHLY FINANCIAL RPTS - MONTHLY PROJECTS RPTS - MINUTES OF MEETINGS - AGENT APPRAISALS - REPORTS GO TO CBD COORDINATOR
3. **CBD COORDINATOR**	- CONSOLIDATED MONTHLY, QUARTERLY, YEARLY REPORTS FROM CBD SUPERVISOR	- TRAINING NEEDS	- MONTHLY FINANCIAL, SERVICE DELIVERY, IEC RPTS FROM CBD SUPERVISORS - NEEDS A FEEDBACK ON CBD AGENTS ATTITUDE TO DUTY - THE REPORTS HERE WILL GO TO PROGRAM OFFICER. MONTHLY, QUARTERLY AND YEARLY.

OPERATIONAL LEVEL/STAFF	TYPE OF INFORMATION TO COLLECT OR REQUIRED	ANALYSIS OF INFORMATION /POSSIBLE DECISIONS TO MAKE	REPORTING REQUIREMENTS INCLUDING FEEDBACK
4. **PROGRAMME OFFICER**	- QUARTERLY REPORTS FROM CBD COORDINATOR - TRAINING NEEDS - MONTHLY WORK SCHEDULE OF CBD COORDINATOR - CBD MANAGERIAL PROBLEMS - PROGRAMME OF ACTIVITIES OF CBDC, CBDS AND CBD AGENTS	- TRAINING NEEDS - RECOMMENDATION FOR SALARY INCREASE OF SUBORDINATES - PLAN FOR SUPERVISORY VISITS	- HALF YEARLY REPORTS FROM CBD COORDINATOR ON CONSOLIDATED REPORTS FROM CBD SUPERVISORS - GIVES CBDC INFORMATION ON MANAGERIAL DECISIONS TO PROGRAM OFFICER
5. **PROGRAMME DIRECTOR**	- HALF YEARLY AND YEARLY REPORTS FROM PROGRAMME OFFICER - MANAGERIAL PROBLEMS FACED BY PROGRAMME OFFICER, CBDC, CBDS - PERSONNEL APPRAISAL - PROGRAMME OF ACTIVITIES	- APPROVES TRAINING - APPROVES FOR SUPERVISORY VISITS	- YEARLY REPORTS FROM PROGRAMME OFFICER AS WELL AS HALF YEARLY REPORTS - GIVES FEEDBACK TO STAFF ON THE EXPECTATIONS OF FUNDING AGENCIES.

EVALUATION

TRAINER'S GUIDE

TIME: **FOUR SESSIONS: TOTAL SIX HOURS**

These sessions are designed to emphasize the importance of planning for evaluation by writing an evaluation component into the design of the project. It is designed to convey to participants that a planned evaluation component, both on-going and end-of-project, greatly facilitates the management of the project as well as prepares the project for outside evaluation.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1. Describe the basic principles of evaluation

2. Define the vocabulary of evaluation as discussed in the session

3. Describe the steps and procedures of an evaluation

4. Undertake simple evaluations of activities

5. Define the parameters of evaluations to be carried out in participants' organizations in order to:

    ! guide the evaluator
    ! ensure that you get the evaluation results you need

READING MATERIAL:

Participants should read the following:

Garcia-Nunez, Jose, <u>Improving Family Planning Evaluation</u>, A Step-by-Step Guide for Managers and Evaluators. Kumarian Press, 1992.

Reports of Evaluations of CBD Projects.

AUDIO VISUALS:

Prepare transparencies of any lecture notes that you wish to display.

SUMMARY OF THE SESSION:

1. BRAINSTORM: WHY DO WE EVALUATE?

2. INTERACTIVE LECTURE: VOCABULARY/CONCEPTS OF EVALUATION

3. INTERACTIVE LECTURE: DATA COLLECTION METHODOLOGIES AND SOURCES OF INFORMATION

4. MINI-LECTURE ON EVALUATION

5. OPTIONAL: STEP-BY-STEP THROUGH EVALUATION (from "Improving Family Planning Evaluation.")

I.   **BRAINSTORM: WHY DO WE EVALUATE?**

KEY CONCEPTS:

1. What have we accomplished?
2. How have we accomplished it?
3. How can we improve our program?

2. INTERACTIVE LECTURE: VOCABULARY/CONCEPTS OF EVALUATION

1. Impact vs. Process evaluation

> ❗ **Impact**: are you meeting your **objectives**?
> ❗ **Process**: what are you doing to try to meet your
> > **objectives** (activities, as well as
> > management, logistics, etc)?

2. Internal vs. External evaluation

> ❗ **Internal**: someone inside the organization.

advantages: cheaper, faster, convenient, familiarity with program, easier to follow-up,

disadvantages: possibly biased, credibility problems, organizational pressures.

> ❗ **External**: someone outside the organization.

advantages: unbiased, perceived as credible, more experienced (broad perspective), international standards, latest methodology,

disadvantages: takes time for evaluation team to learn about program, expensive.

In actual practice, an evaluation team may be made up of both internal and external members.

Internal/external can be defined as within or outside an organization or it may be defined as within or outside a particular department or unit. It depends on who is the consumer of the evaluation.

3. Quantitative vs. Qualitative

Quantitative: focusses on providing numeric indicators usually expressed as percents,

ranges, or ratios.

! more likely used for impact evaluation, but there are some quantitative process indicators. Used for comparative analysis.

Qualitative: generally, non-numeric indicators

! more likely used for process evaluations, but there are some qualitative impact indicators. Note that there are numeric qualitative indicators, as indicated by the source of the data.

4. Goals/Objectives/Indicators

Indicators are how you measure goals and objectives.

5. Monitoring, Supervision, Evaluation, Operations Research.

All four look at indicators. There are many different definitions of these terms, and they are sometimes used interchangeably.

Monitoring: looks at key objectives and uses results to readjust the program periodically.

Supervision: monitoring of staff. Looks at all indicators, then takes action based on monitoring.

Evaluation: all evaluation is monitoring, but evaluation does not involve supervision. Looks at all indicators and makes recommendations.

Operations Research: is similar to evaluation in form and function. But OR uses more scientific rigor and is usually a major objective of the project. Evaluation, on the other hand, is an activity in support of a project to help meet objectives.

6. On-going Evaluation

Monitoring and making recommendations on a regular basis. Doing what an evaluator does, but on an on-going basis, a regular basis. (Example: CAFS on-going course evaluation - 6 month and one year follow-up of participants)
! Usually internal
! Usually qualitative, could be quantitative

7. Midterm vs End-of-Project Evaluation

Midterm: focusses on management and planning issues. (progress assessment, efficiency, redesign possibilities)
End-of-Project: focusses on all issues, meeting of objectives.

8. Targets in Evaluation.

Build targets into design of the project so that monitoring and evaluating can be done, but don't design them as punitive methods.

Process Targets: reaching a particular qualitative target at certain points in the project.

Impact Targets: reaching a particular quantitative target by the end of the project.

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3. INTERACTIVE LECTURE: DATA COLLECTION METHODOLOGIES

Quantitative: generally refers to a number, deals with comparison. (Just because there is a number in it doesn't necessarily mean its quantitative.)

! Service Statistics

! Special Surveys

! Census/Surveys

Qualitative: generally refers to process evaluation but is more frequently seen in impact evaluations. (Numbers may be included such as "four out of five participants in a focus group..")
! Focus Group
! In-depth Interview
! Observation
! Interviews with knowledgeable respondents

SOURCES OF INFORMATION

1. Community Leaders

2. Service Statistics (records)
3. Supervisors
4. Clinic Staff
5. Workers (CBD)
6. Clients (satisfied and dropouts)
7. Non-clients
8. Documents (original project paper, activity reports, previous evaluations)
9. Management
10. Donors

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4. MINI-LECTURE: PROGRAMME EVALUATION

A. WHAT IS EVALUATION?

• See notes on next page

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5. STEP-BY-STEP THROUGH AN EVALUATION (OPTIONAL)

• See Garcia-Nunez, <u>Improving Family Planning Evaluation</u>.

EVALUATION

I. What is Evaluation?

- Attaching value to something

- Discovering how successful we are in achieving our objectives

- Analytic process which attempts to determine as systematically and objectively as possible the relevancy, progress, adequacy, efficiency, effectiveness and impact, of a given program at its different points.

II. Why Evaluation?

Why did you evaluate?
- To help us see where we are going and if we need to change direction.
- To help us make better plans for the future.
- To make our work more effective.
- To collect more information.
- To see if our work is costing too much and achieving too little.
- To see if all the efforts have been effective.
- To be able to share our experiences.
- To compare the program with others like it.
- To criticize our own work.
- To see where our strengths and weaknesses lie.
- To enable us to improve our monitoring methods.
- To measure progress.
- To see what had been achieved.

In Summary:

Evaluation is a decision-making tool. Results of the evaluation are used:

- To decide what kind of program to initiate.

- To decide on the implementation mechanisms of a program.

- To decide whether or not to continue a given program.

- To decide on what modifications are required in the program.

- To defend managers in the event of political problems.

- As justification for raising funds to initiate, continue, or expand a project.

III. <u>Factors Influencing What Is To Be Evaluated</u>

Decisions as to which aspects should be evaluated in a given program will depend on the following factors:

- The type and stage of evaluation

- The expectations and needs of policy makers and funders. For example, do they hope for quick results on which to base policy and planning decisions?

- Whether you have resources such as staff, money, and time to carry out a large scale evaluation.

IV. <u>A Word About Indicators and Criteria</u>

Indicators

An indicator is what is measured to obtain evidence of degree to which a given object has been achieved.

Several factors need to be kept in mind when selecting indicators they should be:

A. *Specific*—Indicators should be specific in terms of magnitude and time. Terms such as "an increased number" are of little part of an indicator since it does not specify what sort of increase is called for. After all, the planner might have in mind a change from 100 to 110 or a change from 100 to 400.

B. *Independent*—Each ultimate and immediate objective must have its own set of indicators. Since ultimate and immediate objectives will be different and each indicator is expected to reflect evidence of an achievement, it follows that ***the same indicator cannot normally be used for more than one objective.***

C. *Factual*—Each indicator should refer to fact rather than objective impression. It should have the same meaning to a project advocate and an informed skeptic.

D.   *Valid*—The indictor taken together should reflect the effect of the project rather than the effect of external factors.

E.   *Based on obtainable data*—Indicators should draw upon data that are readily available or that will be collected as part of the project administration.

Broad Categories of Family Planning Program Indicators

A.   Service Delivery Indicators

   1.   **Volume:** Indicators refer to measures of such items as:

   • The amount of services rendered
   • The number of activities and personnel employed
   • The number of clients served.

   In short, any item of activity or service support that may be counted and summed is a potential volume indicator. Volume indicators are used as a guide to the magnitude of a service or services provided.

   2.   **Coverage:** Indicators refer to the extent to which services are provided to various groups in the population.

   3.   **Quality:** Many quality indicators are indirect indicators and can be more difficult to establish. Examples of such indicators include:

   • *Emphasis Indicators:* which refer to measures that reflect the extent to which a program is providing services consistent with stated policies and priorities.

   • *Timeliness Indicators:* which refer to measures of the extent to which services are provided, clients are contacted, supplies are received, in accordance with predetermined norms for the times involved.

   • *Satisfaction Indicators:* which refer to measures of extent to which clients appear to be satisfied with services provided.

   4.   **Effectiveness:**   Indicators measure program achievement of stated objectives.

   5.   **Efficiency:** Indicators are measures which relate other indicators to units, but

occasionally others are employed, such as personnel or facilities. Can relate to other indicators or to areas such as personnel or facilities.

B.   Information Education and Communication Indicators

1.   Number of (materials, e.g., pamphlets, posters) produced and distributed.

2.   Number of meetings organized.

3.   Number of seminars conducted.

4.   Number of home visits made.

5.   Number of talks/lectures given.

6.   Number of radio scripts produced.

7.   Number of people who heard family planning message for the first time from our program.

8.   Policy changes undertaken by the leadership.

9.   Extent to which family life education is incorporated in school curriculum.

10.   Amount of knowledge gained by members of the public.

11.   Extent to which positive attitude towards family planning are emerging.

12.   Efficiency.

Criteria

- A criteria is a predetermined yardstick for measuring satisfactory achievement of an objective.

    – It is normally tied to an indicator
    – It is normally built in an objective itself.

- In setting a criterion, one has to take into account the feasibility of reaching the set criterion given factors like:

    – Resources available

– Duration of project
– Physical constraints
– Socio-cultural environment in which the program is operating.

V. MAJOR STEPS IN PROGRAM EVALUATION PLANNING AND IMPLEMENTATION

Evaluation Planning

In general terms the following steps are followed:

1. Identify and list issues/factors to be evaluated in a given program.

2. State objectives of the evaluation of a selected aspect of a program.

3. State indicators for evaluation and criteria for the indicators.

4. Identify the data to be used for the indicators.

5. Identify the source of data to be used.

6. Identify the instruments and methods of collecting the data for the evaluation.

7. Indicate the tools of analyzing the data to be collected for the evaluation.

8. Write an outline for an evaluation report.

Implementation

9. Collect the information needed to provide the evidence.

10. Analyze the information collected.

11. Write report of findings mainly along the report outline in the evaluation plan.

12. Compare results with targets or objectives. N.B.: This is not applicable to context evaluation.

13. Judge whether and to what extent the targets and objectives have been met.

14. Decide whether to continue the program unchanged, to change it, or to stop it (this

does not apply to impact evaluation strictly).

VII. TYPES AND STAGES/LEVELS OF PROGRAM EVALUATION

A. Needs and resource assessment (context evaluation) (evaluation for planning)—This involves collecting and analyzing baseline information in order to:

- Map out and describe clearly the environment in which the intended program will operate.

- Find out whether or not there is a problem related to our organizational focus and define the problem.

- Decide on program objectives, strategies, activities and resources.

- Set benchmarks of indicators of effectiveness.

N.B.: Information obtained from context evaluation is used for program planning. The major aspect being evaluated is relevance.

B. Formative Evaluation and Monitoring

During the actual implementation stage, continuous data collection, analysis interpretation and feedback has to be undertaken to answer the question "How is the program doing?"

To monitor a program's progress, the indicators measuring the program output have to be compared. There are three general approaches to comparison which allow different interpretation to be done:

- Output indicators are compared with **T A R G E T S** expected to be achieved by the program within a given time. The targets are essentially estimates of the number and type of services that should be provided if a program is to achieve its objectives.

- If it is not possible or desirable to set targets then an alternative approach is to compare the indicators with criterion of the baseline rates that existed before the program was implemented.

- In a third technique, the outputs from the different activities or components

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within the program are compared with each other.

This is a management by exception technique whereby the program manager measures the output of each component of the program (e.g., each clinic, each CBD outlet, etc.), compares them regularly and takes appropriate action by learning from the successful components and correcting the failures of the poor performers.

C. Summative/Product/Achievement/Evaluation

At the end of the program duration, a comprehensive evaluation is undertaken to answer the question: *"Have the objectives for which the project was set been achieved and to what extent?"*

Here one measures the effect of a program which is by comparing objectives to outputs that can be directly attributed to the program itself.

Achievement is compared with preset objectives. The information allows planners to justify or criticize a program and can be used for decisions about whether or not to continue and/or replicate the program.

D. Follow-Up Stage-Impact Evaluation

This is undertaken much later after the program—could be a year or two later. It is aimed at answering the questions, "What happened to ..."

- The people?
- The communities?
- The organizations?

As a result of the program that was undertaken.

N.B.: Program impact is beyond the immediate control of the program and its achievement may be caused by the effects of several different programs and not just the one being evaluated.

II. **Evaluation Report**

When evaluation is completed, a report on what has been done has to be written and submitted to relevant authorities. The following is an example of a format for such report.

Before the Body of the Report

    Table of Contents: covering major headings in the report
    Preface
    Executive Summary—about 2 to 4 pages.

Body of the Report

1. Program description.
2. Objectives of the evaluation.
3. Evaluation method.
4. Findings/results.
5. Recommendations and conclusions.
6. Appendices.

FIELD VISIT AND PROCESSING

TRAINER'S GUIDE

TIME: **ONE FULL DAY VISIT**
                                             ONE HALF DAY PROCESSING

This is a full day session designed to give participants the opportunity to observe classroom theory as it works in the field. Trainers should make arrangements for the site visits well in advance, including briefing the staff of the purpose of the visit, making transportation and lunch arrangements if necessary.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1. Answer the questions below drawing relevant examples from observations made in the field.

2. Compare and contrast the characteristics of the CBD program visited with other CBD programs drawing from past experiences and material covered in class.

OVERVIEW OF THE SESSION:

1. FIELD VISIT. The day before the field visit, brief participants on the objectives of the sessions and review the questions in the field visit guide. Point out that the Field Guide is for their use, the questions are not interview questions to be posed to the clinic staff, agents nor clients. Point out that they are likely to be interviewing CBD Project Coordinators, Field Supervisors, CBD agents as well as clients.

2. PROCESSING. Upon return, if time permits, participants should meet with their group to prepare for the field visit presentation to be held the following day. If return time from the field does not permit meeting in the afternoon, some time the following morning should be set aside to allow participants to prepare. Participants may decide to divide the questions up among individuals or smaller groups, or they may decide to divide the interviews up in the same way.

The following questions should help you during the visit but is not meant to be a comprehensive guide. You should draw from past experiences as well as from what has been covered in class to round out the guide below. Questions that appear in this guide reflect what has been covered thus far. Remember that you will be preparing a group presentation of your findings and observations.

NAME OF CBD PROGRAM _____

LIST THE TITLES OF PEOPLE INTERVIEWED OR OBSERVED:

1. **Briefly describe the site**. Include information on size of program, number of agents, general characteristics of the population served, etc. Is this an urban program or a rural program? What is the size of coverage areas for the project and for the individual CBD workers? How would this be different for an urban program (if the one you are visiting is rural) or a rural program (if the one you are visiting is urban)? What are some other differences between rural and urban programs?

2. **CBD Worker Remuneration**. Are agents paid or voluntary? Do they receive cash incentives as an honorarium or salary? Are these incentives performance-based? Is the cost of cash incentives justified in terms of performance of agents? Are there other non-cash incentives? How does their voluntary or paid status affect the design of the program?

3. **CBD Services**. Is the program integrated with other development activities such as health, sanitation, education or community development (horizontal), or is it a family planning only program (vertical)? How does this affect the community support for the program? What are the program design implications for training, reporting, logistics system, and performance output indicators? How do these activities contribute to or detract from the F.P. functions of the CBD worker?

4. **Clinic Linkages**. Is the program clinic-linked or free-standing? If free-standing, are back-up services available? Is there a bias away from clinical methods (IUD, Norplant, etc.)? If clinic-linked is there a bias towards clinical methods? Is the agent seen as credible in the eyes of the clinic professional staff? How is the design of supervision and training influenced by formal or non-formal clinic linkages? How do clinic linkages affect the organization of catchment areas?

5. **Community Agents**. Do the agents distribute contraceptives or is motivation and education their primary function? What implications does this have for supervision and quality control? How does this affect the logistic system? What is the criteria for agent selection?

6. **Medical Policies**. What are the policies concerning medical examinations, prescriptions

and youths? How are these constraints affecting the program?

7. **Government vs. Non-Government CBD Programmes**. Is the programme a government programme (public) or is it a non-government programme (private)? What are the implications for innovative or experimental programs, community support, logistics system, voluntary or paid agents?

8. **Community Preparation**. What activities have been carried out to prepare the community for the adoption and acceptance of a CBD program? Is community outreach on-going? How much of the CBD agents' role involve community preparation?

9. **Training**. How, where, and by whom are CBD agents trained? For how long? What about Supervisors? Training of Trainers? Are refresher trainings conducted? How often and on what basis is the decision for further training made? Are there categories of staff whose training needs have not been met?

10. **Evaluation**. Has the project been evaluated? If not has an evaluation been planned? Is an evaluation built into the project plan? If so, at what interval in the project? Is the specific scope of the evaluation written into the project?

11. **Financial Structure**. Is the program externally funded, community funded, or a combination? What implications does this have for sustainability?

12. **Supervision**. What is the structure of the supervisory system? Is supervision adequate? Excessive? What are the goals of the supervisory system? Does the supervision system adequately meet these goals?

13. **Reporting**. Describe the reporting mechanism that is in place. What implications does the design of the reporting system have on training and logistics? What is the attitude of agents/supervisors towards reports and how does this affect the overall management of the project?

14. **Logistics**. Describe the logistics system that is in place. Who supplies the contraceptive? How do they get to the field? Where are they stored?

15. **Information, Education, and Communication**. What sorts of IEC activities are taking place? Are IEC activities being used to promote the CBD programme? Are IEC materials targeted to specific audiences? Are IEC activities built into the design of the programme? What are the available channels of communication?

16. **Quality of Care**. A framework of quality of care issues includes **choice of method**, **information**, **technical competence**, **interpersonal relationships**, **mechanisms to encourage continuity**,and **constellation of services**. What standards exists for these issues and what mechanisms are used to maintain these standards?

PERSONNEL MANAGEMENT

TRAINER'S GUIDE

TIME: **TWO CLASS SESSIONS: TOTAL OF THREE HOURS**

These sessions will cover four topics of personnel management; motivation, team work, managing meetings, and staff appraisal. Through interactive and individual exercises, participants will draw from and challenge their own management and team work styles to gain insights into improving their own and their employees job performance.

OBJECTIVES:

By the end of the sessions, participants should be able to...

1. Demonstrate understanding and application of key organizational behavior and human skills necessary for organizational effectiveness, specifically:

2. Describe motivation and use various techniques for having a crop of motivated staff.

3. Develop favorable attitudes for effective teamwork and interpersonal communication

4. Effectively manage meetings

5. Outline the value and steps to go through when developing an effective staff performance appraisal system

READING MATERIAL:

Participants should read:

Management Appreciation Meetings and Committees, chapter 10, Helen Harding, Pitman Publ., 1992

AUDIO VISUALS:

Prepare transparencies of any lecture notes you wish to display.

SESSION OVERVIEW:

1. Motivation

    a) Define Motivation
        b) Motivation-Hygiene Theory of Job Enrichment
        c) Individual Exercises—Motivation at Work
                        What is Motivation

2. Team Work

    a) Broken Squares exercise
        –   Make 4 copies of the judge instruction sheet. Give this sheet only to
            those participants chosen as judges (usually those who have
            previously participated in Broken Squares)

        –   The solution should be photocopied and distributed after the
            completion of the group work.

3. Managing Meetings

4. Staff Appraisal

1.	**MOTIVATION**

1. Define Motivation.

    i.   Motivation refers to all the inner feelings of an individual that have been expressed as needs, wishes, wants and desires that will arouse, stimulate, energize or even catalyze him/her to perform better at work or in the attainment of objective(s).

    ii. Motivation is something which is within us. It is something which impels us to action. It may be a need, an idea, an emotion or an organic state. It is motivation which affects our behavior and not the other way around. (From Training Manager's Workbook, by Pierre Casse, Deol et al.)

    iii. Motivation is the creation of a climate that fosters individuals to want to work with me and others to attain the mission of the organization.

2. Motivation-Hygiene Theory and Job Enrichment.

   Frederick Herzberg Motivation-Hygiene Theory draws heavily upon Abraham Maslow's Hierarchy of Human Needs. He states that the factors which truly motivate are **"growth"** factors or those that give a worker a sense of personal accomplishment through the challenge of the job itself. In other words, motivation is in the content of the job, the internal dynamics that the worker experiences in completing the task.

   On the other hand, Herzberg maintains that the context or environmental factors (Hygiene), which surround the job cause dissatisfaction when they are in unhealthy condition. For example, good working conditions rarely motivate workers. However, bad working conditions are frequently cited by workers as sources of dissatisfaction.

3. Individual Exercise (see following pages)

MOTIVATION FACTORS (Job Content)	HYGIENE FACTORS (Job Environment)
• Work itself	• Company policy, administraiton
• Achievement	• Supervision
• Recognition	• Working Conditions
• Responsibility	• Interpersonal Relations
• Growth and Advancement	• Salary

MOTIVATION AT WORK

MOTIVATION AND JOB EXPECTATIONS

Place the items below in the order of priority (1 = Most Important to 10 = Least Important) which you feel influences a <u>CBD agent</u> to maintain or improve his/her work.

Number the items 1-10

1. Secure Job _____

2. Good Relations with the Boss(es) _____

3. The Chance to Tackle New Types of Work _____

4. Opportunity for Training _____

5. Fair Financial Reward _____

6. Recognition/Status in the community
_____

7. Encouragement and Recognition for
   Work Well Done _____

8. Bonuses with the Job _____

9. Good Relations with Fellow Workers _____

10. Opportunity to Take Responsibility _____

11. Other _____ _____

"WHAT IS MOTIVATION"—EXERCISE

Please fill in the columns below. Do this individually with no discussion with others.

What factors over the last twelve months, have lead to feelings of satisfaction and dissatisfaction at work?

        Dissatisfiers   Satisfiers

_____

_____

_____

_____

_____

_____

_____

_____

4. Summary

Motivation refers to all the inner strivings or feelings, expressed as wants, needs, desires that will arouse, stimulate or even energize an individual to behave better in achieving a set goal or objective(s).

Recognition, responsibility, self-satisfaction and opportunity for growth are the main motivators.

Company policy, salaries, good working conditions/operations, etc., are maintainers, dissatisfiers or hygiene factors.

Different people are motivated by different motivation factors and should be managed by appropriate motivators.

TEAM WORK

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1. Define Team Work.

   A process of building a cohesive, mutually supportive group that has:
   - High expectation for task accomplishment
   - Respect for individual differences
     - Values
     - Personality
     - Skills
     - Behavior

2. Some Indicators of Team Spirit in an Organization:

   - Free and open communication between members—giving and receiving feedback

   - Trust between members

   - Clear goals, mutually arrived at

   - Confident leadership

   - Data used for efficient problem solving

   - Support, help, advise

   - Participation

   - Honesty

   - Self control

3. Some Indicators of lack of spirit in an organization:

   - Fear

   - Distrust

   - Distorted and inadequate communication

• Lack of interdependence between members

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BROKEN SQUARES GROUP INSTRUCTION SHEET

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Each of you has an envelope which contains pieces of cardboard for forming squares. When the facilitator gives the signal to begin, the task of your group is to form five squares of equal size. The task will not be completed until each individual has before him a perfect square of the same size as those in front of the other group members.

1. NO MEMBERS MAY SPEAK.

2. NO MEMBERS MAY ASK ANOTHER FOR A PIECE OR IN ANY WAY SIGNAL ANOTHER PERSON IS TO GIVE HIM OR HER A PIECE. (Members may voluntarily give pieces to other members).

BROKEN SQUARES OBSERVER/JUDGE INSTRUCTION SHEET

Your job is part observer and part judge. As a judge, you should make sure each participant observes the following rules:

1. There is to be no talking, pointing, or any other kind of communicating.

2. Participants may give pieces directly to other participants but may not **take** pieces from other members.

3. Participants may not place their pieces in the center for others to take.

4. It is permissible for a member to give away all the pieces to his puzzle, even if her has already formed a square.

As an observer, look for the following:

1. Who is willing to give away pieces of the puzzle?

2. Does anyone finish "his" puzzle and then withdraw from the group problem solving?

3. Is there anyone who continually struggles with his pieces, yet is unwilling to give any or all of them?

4. How many people are actively engaged in putting the pieces together?

5. What is the level of frustration and anxiety?

6. Is there any turning point at which the group begins to cooperate?

7. Does anyone try to violate the rules by talking or pointing as a means of helping fellow members solve problems?

BROKEN SQUARE EXERCISE
INSTRUCTIONS FOR MAKING SQUARES AND ANSWER SHEET

The task is successfully completed when <u>each</u> participant has a square of the same size before him/her and no unused pieces.

There are 15 pieces and only one combination.

3.	**MANAGING MEETINGS**

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1. Introduction: A general comment about meetings is...

"People who keep minutes but waste hours."

"Meetings are reputed to be classic time-wasters."

"Meetings should be used for effective management."

2. Why do you hold meetings?

- Statutory Requirements
- Providing Information
- Floating Ideas
- Problem Solving
- Reporting Back
- Effective Decision Making
- Dispelling Rumor
- Creative Thinking (Brainstorming)
- Coordinating
- Fact Finding
- Rubber Stamping

3. What are the kinds/types of meetings you hold as a supervisor?

a) **Formal Meetings**. There is an appointed chairperson, constitution of standing orders, and official paperwork.

examples: • Annual General meetings
             • Board meetings
             • Committee meetings:
                 – Executive
                 – Joint
                 – Standing
                 – Ad-hoc

b) **Informal Meetings**. No constitution, no set pattern of procedure, no official paperwork, no formal chairperson.

examples: • Intradepartmental meetings
                      • Briefing meetings
                      • Progress meetings
                      • Task groups
                      • Brainstorming
                      • Planning

Common Features of Most Meetings:

- Advance Preparation
- Initiating Discussion
- Exchanging ideas
- Giving Opinions
- Testing Feelings
- Clarifying
- Summarizing
- Recording Decisions
- Making Notes
- Requesting Action

4. What goes wrong at meetings?

- Notice is too short
- Preparation is inadequate
- The agenda is too long
- Too much conflict
- No team spirit and sense of common purpose
- Participants are unclear of topic
- There is a hidden agenda
- Chairmanship is weak
- Inappropriate leadership style

5. Effective participation by all members attending meetings.

- Be prepared
- Lobby committee, colleagues as appropriate
- Be positive in attitude
- Present your view in a logical way
- Support ideas of others
- Reduce conflict
- Disagree as appropriate
- Listen carefully
- Be versed in committee procedure
- Develop a sense of timing
- Be aware of composition and personalities in committees
- Take any follow-up action required

| 4. | **STAFF PERFORMANCE APPRAISAL** |

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1. Definition

What do you understand by the concept of **Staff Appraisal**?

- Staff appraisal is a process of measuring the actual contribution of each staff member to the organization, unit or team's work output against standards set by the team itself.

- It also enable decisions to be made about the staff's training needs.

- The primary object of the performance appraisal is to improve the current job performance of the individual and thereby the performance of the organization.

Note: The words "appraise" and "appraisal" are often used instead of evaluate and evaluation or assess and assessment. When the performance of the staff is being judged.

2. What are some of the tools used in performance appraisal?

1. **Job Description**: Provides an item by item listing of principal duties, responsibilities and accountability.

2. **Performance Standards**: These are conditions which will exist when a job is well done, to establish performance standards;

    a) Determine what is to be done

    b) Determine how results can be measured

3. **Specific Objectives**: Supervisor and the employee mutually set measurable targets

which are realistic and achievable within a given length of time.

4. **Incident File**: Develop a separate file for each employee. Show him the new file so he understands the format. Tell him that he will be informed of what goes in his incident file before it goes in, and that the file will reflect his true performance over a full work period.

5. **Planning for Appraisal**:

    - What are results to achieve from appraisal?
    - What is the employee's contribution?
    - Is he working towards his potential?
    - Training required

FINANCIAL MANAGEMENT/BUDGET/SUSTAINABILITY

TRAINER'S GUIDE

TIME:　　　　　　　　　　　　　　　**TWO SESSIONS: TOTAL THREE HOURS**

The topics of Budget, Finance and Sustainability are important ones. They can be handled in several different ways. The session can be designed around the concepts of budgeting and financing using a guest specialist, the vocabulary can be reviewed and discussed as outlined in the module, or the session might be focussed on sustainability and draw more heavily on the document *Designing a Family Planning User Fee System* by Laurence Day.

OBJECTIVES:

By the end of the session, the participants should be able to...

1.　　　Understand the vocabulary and concepts of financial planning

2.　　　Understand the cycle of financial planning

3.　　　Understand the donors' perspective on funding

4.　　　Understand the contents and format of a CBD project budget

READING MATERIAL:

Kiritz, Norton, "The Proposal Budget", (Chapter VII of <u>Proposal Planning and Proposal Writing</u>).

Wolff, J. et. al., <u>The Family Planning Managers Handbook</u>, pp. 326-338, "Making Your Program Sustainable."

OVERVIEW OF THE SESSION:

1. Interactive lecture on the vocabulary of budget and finance. A lecture guide is included

2. Discuss some major budget line items that might be found in a budget for a CBD project.

3. Depending on time and interest of participants, a session can be used to carry out an exercise on sustainability using the User Fee document named above.

1. **LECTURE GUIDE - BUDGET/FINANCE**

I. VOCABULARY

Bilateral vs multilateral:

Bilateral donors in the international sector gives resources government to government, a gift of one government to another. If it is bilateral money, money is not given directly from the donor to the project, but goes through the government. The government monitors and processes the money. In some cases the government can waive the requirements and give the donor permission to give money directly. (direct financing). It is a formal and binding agreement between governments. It guarantees that the money is there.

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Multilateral donors - money goes from institution to institution. The receiving institution might be a government, but it doesn't have to be. Money can go directly to a project (usually with permission from the government). Usually lots of money goes to lots of organizations in multilateral funding. The donor is an intermediary, so the money given depends on how much the donor itself receives. (ie you never know how much you will get).

Centrally funding - some USAID money is set aside to handle activities that cross country lines - usually administered by cooperating agencies.

Unsolicited vs solicited (proposal)

Solicited - If a donor agency asks for proposals, it is solicited.

Unsolicited - you may write a proposal and submit it in the hopes that the donor likes it enough to go and look for funding. (Seek funding - be aggressive)

Audit and Audit Trail

An outsider looks at your financial records to make sure you are spending the money the way you are supposed to and secondly, that you are spending it the way you say you are. As a manager, you should try and create an "audit trail" (a paper trail), made up of receipts, letters, authorizations, bids, etc. This is so you can easily prove that you spent the money that you claim to have spent.

Cash Flow

Money that is promised is different from having the actual money. Monitor the cash flow situation of a project. Periods of heavy activity may lead to cash flow difficulties. You can ask the donor for advances, or you can submit premature or early invoices to solve cash flow problems.

Reporting Requirements

Pay attention to the reporting requirements of a project. Often these can be negotiable. There is a financial monitor behind the scenes who is monitoring your reports and finances - you usually do not have access to these people. They are not your friends and will not go out of the way to help you if you violate the rules.

Burn Rate/Spending Plan

A **burn rate** is the rate at which you are using your money. The **Spending Plan** is a plan of how much you intend to spend at a given time in the project (usually quarterly). This is not necessarily a set plan for the life of the project. The plan can be modified regularly as the burn rate changes. If you do not keep up with the spending plan, you are below your burn rate (below your expected expenditures).

Uncosted Budget Items

Uncosted Budget Items - put in line items that do not cost the donor anything. For example, contraceptives are often supplied free, but they should be included in the budget uncosted, so donor knows that you haven't forgotten.

In Kind/Matching/Counterpart Funds - Often the donor requires some sort of contribution on the part of the receiving agency. "In kind" usually refers to a non-financial contribution (eg. clinic facilities). "Matching funds" are the local or country financial contribution to match donor contributions. "Counterpart Contribution" is another common phrase used to describe local contributions -in kind or financial -to a donor funded project.

Recurring Cost

Recurring costs are those project expenses that will contribute as long as the project exists. Examples include utilities, salaries, and vehicle maintenance. Donors do not like to fund recurring costs. They prefer to give funds to start a program. You can usually convince donors to cover recurring costs for a short time. (ie if you are very poor, if it is necessary to the continuation of the project because no alternative funding is available, or if you are an experimental or pilot project).

Inflation Calculations

How do you Build inflation into the budget of a five year project? Contact the donor, ask for advice on handling the issue of inflation. Most donors are ignoring inflation (write the proposal based on current costs), then at a later date a new budget is written reflecting real costs. Donors are doing this because of the unpredictabilities of inflation and currency exchange rates.

Miscellaneous or Contingency Funds

Donors do not like to see miscellaneous ("everything else") or contingency ("unexpected

costs") as line items in budgets. These line items suggest lack of knowledge or poor planning to the donor.

Honorarium

Honorarium is a sensitive issue with donors. This is especially so when the recipient is a government official or other salaried person and the honorarium is seen as salary augmentation for doing his/her job. One time honorarium payments linked to an event or activity are more acceptable. Recurring honorarium are generally not.

Capital Expenditures

Capital expenditures are things that you buy (a desk, a computer, a vehicle). What happens to capital expenditures at the end of the project? Sometimes it is given to the government or implementing agency. Write into the project what is to be done with these capital expenditures items when the project is over.

Cost Justification

In preparing a budget,extra-ordinary expenses should be justified with adequate documentation. The most common approach is to solicit three bids. Examples of extra-ordinary expenses you may be asked to justify include: rented cars, printing, and all capital expenditures.

Cost Reimbursement vs Fixed Price

Refers to a contract and funding mechanism. A funder (donor or implementing agency) can either give a cost **reimbursable** contract: the amount of money is liberally set, but what you spend is what you get plus overhead fees. On a **fixed price** contract: you get a set amount regardless of what you spend. The advantage of a reimbursable contract is that it is easier if you do not know how much a project is going to cost. The disadvantage is that you may have to pay expenses and then seek reimbursement. The advantage of a fixed price contract is that you could make money on the project by doing it more efficiently. You could lose money if it costs you more than expected.

Line Item Flexibility

It is acceptable to move money from one line item to another as long as the total remains

the same. This is called line item flexibility and should be specifically allowed in any project paper you write. Usually there is a limit to line item flexibility (usually 10-15%). If it exceeds the allowable per cent, authorization must be sought from the donor. Note: this applies to a 10-15% limit on <u>additions</u> to a budget as well as a subtraction. For example, $100 is taken from a $1000 line item - this is fine, no permission needed, but if that $100 is added to a $200 line item, permission is needed because you are changing a line item more than 10-15%.

Unauthorized Expenses

From the donor point of view there is no such thing as an unauthorized expense. If its not in the budget, you can't spend it. If unanticipated expenses arise, seek written permission to add a new line item from the donor. Do this before the expense is incurred.

Concept Paper

A concept paper is a project proposal without a budget and without a schedule of implementation.

Cost Effectiveness/Cost Benefits

The amount of money budgeted for should be directly relatable to outputs. (For example, calculating the cost per CYP). You should prepare for the comparison between costs and outputs in both the project design and when the project is being evaluated. Common problems in doing cost benefit analysis include: how do you calculate the costs of things that aren't costed? (eg. volunteer labor; And how do you calculate the benefits that wont be seen for another five years?

Level of Effort

The amount of work expected that is written into the project. It is important to note when negotiating with the donor, that the donor will <u>not</u> usually change the level of effort, but can change the components that make up the level of effort. (eg. ten training sessions can be collapsed into eight if the same number of participants are trained). The level of effort can be changed under certain circumstances; if the costs go up (inflation) and there is no additional funding available, the donor may lower the level of effort to match available funding.

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│        2.                    DISCUSSION: BUDGET                   │
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Below is a list of possible major budget headings. Please note that the below list:

  - Is not exhaustive of all possible headings
  - Is not specific enough for effective design and management
  - May have headings not relevant to all projects
  - May need to be done for each year of the projects
       and a total
  - May need to be done for each area administrative unit
  - May need to be converted into a spending plan for at
       least the first year and perhaps more of the project.

Common Major Budget Line Items for a CBD Program

• Project design exercise
    Consultants
    Site Visit Transport
    Secretarial Support
    Publication (xeroxing)

• Policy Support
    Policy Makers Seminar
    Policy Pamphlet Printing and Design

• Project Set up Costs
    Site Visits
    Planning Meetings
    Materials

• Personnel
    Salary
    Fringe Benefit

• Community Preparation

- CBD Worker Recruitment
  - Travel
  - Materials

- MIS
  - Design
  - Implementation
  - Forms
  - Processing Analysis
  - Feedback
  - Reporting

- Training
  - Staff Training
  - Worker Training
  - Retraining
  - Staff Development

- Supervision
  - Transport
  - Materials
  - Management Supervision

- Commodities
  - FP Commodities
  - Other Commodities

- Capital Expenditures

- IEC/Marketing

- Institutional Collaboration

- Evaluation

- Logistics Management

VOCABULARY

Bilateral vs Multilateral

Unsolicited vs Solicited (proposals)

Audit and Audit Trail

Cash Flow

Reporting Requirements

Burn Rate/ Spending Plan

Uncosted Budget Items/In Kind/Matching/Counterpart Funds

Recurring Costs

Inflation Calculations

Miscellaneous or Contingency Funds

Honorarium

Capital Expenditures

Cost Justification

Cost Reimbursement vs Fixed Price

Line Item Flexibility

Unauthorized Expenses

Concept Paper

Cost Effectiveness/ Cost Benefits

Level of Effort

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